



UNIVERSITY OF KWAZULU-NATAL

Perceptions of the Lindelani Community on Legalising Cannabis for Medical Purposes in South Africa.

By

Mbongeni Eugene Ngcobo

(212514974)

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Supervisor: Dr Gerelene Jagganath

DECLARATION

I, Mbongeni Eugene Ngcobo sincerely declare that this thesis is my original work submitted in partial fulfilment of the requirements of the Master of Social Science in criminology and forensic studies; at University of KwaZulu-Natal, I have never previously submitted this work to any other university for any purpose. The references cited have been acknowledged in line with the copyright laws and ethical requirements

Signature of candidate

On theday of 2019

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ABSTRACT

Despite the existing criminal sanctions attached to cannabis growth and use, it remains by far the most consumed and trafficked drug globally. Regulating and controlling cannabis has been a considerable challenge in South Africa due to its abundance and easy access. The call for legalising cannabis for medicinal purposes in South Africa has been growing, as is the case globally, with many reported benefits for a range of diseases and health conditions. The recent High Court ruling that cannabis be allowed for personal use marks a turning point towards its status in South Africa.

Aim and objectives: This research aimed to examine public perceptions on the effect of legalising medical cannabis in South Africa on vulnerable populations. The study intends to examine potential consequences of the legalisation, focusing mainly on the influence that the legalisation would have on small poor communities.

Method: This cross-sectional study explored the personal perspectives of 40 poor community residents aged 18 – 35 through qualitative interviews who were conveniently selected. They were asked about how they thought the legalisation of cannabis for medical purposes would impact on their communities.

Results: The participants felt that cannabis legalisation will have more of a negative implication through its increased illegal position consumption and would result in an increase in crimes within small communities. Its ready availability is already associated with the country's high crime rate, and it is regarded as a gateway drug to other more addictive substances. While some felt that it would create job and business opportunities, this would require adequate control and regulation. Some participants indicated that it was already used for medicinal purposes by traditional healers and were not familiar with its formulation for commercial purposes.

Discussion: There were variations in their perceptions on how such changes in the legislation will impact on small communities, with specific concerns about how crime will be affected in South Africa. This study argues that decisions to change policy must be founded on a consideration of the evidence on the risks and benefits associated with such amendments to individuals and the broader society. It is important to examine and understand these changes in order to have appreciate the effects that medical Cannabis legalisation might have on an array of problems, including drug markets. Should cannabis be legalised for medical purposes in South Africa, it

needs to occur with caution, as this it might exacerbate the already overwhelming cannabis abuse and further influence drugs related offences.

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CHAPTER 1: INTRODUCTION

1.1 Introduction

The Medical Innovation Bill was introduced in South Africa in 2014 after a Member of Parliament requested that cannabis be legalised for medicinal use. The main objective of its introduction was to establish research facilities where medical innovation could take place, especially with regards to the treatment and cure of cancer, and to legalise the medical, commercial and industrial use of cannabis, in accordance with emerging world standards (Medical Innovation Bill, 2014). The Bill stipulates that subject to the Constitution, no one shall be liable or guilty of any offence for growing, processing, distributing, using, prescribing, advertising or otherwise dealing with or promoting cannabinoids for the purposes of treatment.

The United Nations Single Convention on Narcotic Drugs (1961) recognises the medicinal value of narcotic drugs and ensures their availability for such purposes, while preventing their diversion into illicit channels and abuse. As a signatory to the Single Convention, South Africa is committed to complying with its obligations by controlling the cultivation of cannabis for medicinal use. Cannabis is a prohibited narcotic substance in South Africa, and cultivation for any purpose other than that explicitly allowed for through the license and permit system under the Medicines Act is a criminal offence. Likewise, cultivation by non-licensees remains a criminal offense under this and other legislation (Gouws, 2017:7).

Medical cannabis refers to the use of cannabis as therapy to treat or alleviate various medical symptoms or medical conditions. Cannabinoids are delivered through various mechanisms, the most obvious being through smoking. According to Parry and Myers (2014) “*Cannabinoids can be ingested orally, inhaled through vapourisers (Nabidiolex), and used transdermally and via suppositories, Synthetic cannabis is most often delivered in pill form*”. Khan (2015:169) states that medical cannabis is used to treat multiple sclerosis, pain, convulsions, spasms, nausea to induce sleep, glaucoma, muscle spasms and convulsions occurring in tetanus, rabies, various cancers, rheumatism and epileptic conditions.

Since the inception of the Medical Innovation Bill, South Africans have been interested in understanding the inevitable changes that will be accompanied by the medical cannabis legalisation. There are contradicting perceptions on how such changes in the legislation will affect South Africa, and this study therefore focused primarily to the public perceptions through the views of a small community of Lindelani, located in the city of Durban, KwaZulu-Natal Province. This community is already confronted with the issue of drugs and substance abuse, cannabis being one of those abused.

According to Atkinson and McDonald (1995) the issue of legalising medical cannabis in South Africa is controversial, with many concerns from South Africans. While legalising cannabis for medical purposes is largely beneficial, there is a significant concern that this might affect some communities in negative ways should it become openly accessible. There are very few studies on the perceptions of different groups across society (e.g. youth, students, parents, vulnerable communities, social workers and the police etc.) on the effect that legalising medical cannabis will have on crime in particular, if any.

Various studies in South Africa and abroad report that users of cannabis, especially among the disadvantaged and marginalised persons, as well as criminals, can develop social adjustment difficulties, e.g. impaired family relationships, poor occupational and educational performance as well as involvement in criminal activity, such as trading in illicit drugs, crime, violence (e.g. rape), and gang life (Da Rocha, 2004; Flisher et al., 2003; World Health Organization, 1997).

“While developed countries are concerned about more sophisticated drugs such as LSD, ecstasy, heroin and cocaine, in the low-resourced settings of South Africa, cannabis is the drug that merits attention, since it is the most easily available and affordable drug to the poor, and it is to some extent responsible for the high failure rate, dropping out of school, unemployment and even rampant preventable diseases that lead to a high death rate. Mathe (2003:3).

According to Khan (2015), cannabis sativa, commonly known as marijuana and locally referred to as dagga, joint, ganja, insangu, weed, zol and pot, has been used for centuries, mainly for medical and spiritual purposes. It is a plant that has been the subject of much debate and controversy for generations, the questions regarding whether or not to legalise or criminalise cannabis having long concerned policy makers on what steps to take in the interests of society.

This chapter provides the background information for the study, the problem statement, the motives for choosing this study, the aim, objectives, key research questions, underlying assumptions and the significance of the study. The chapter concludes by outlining the structure of the dissertation.

1.2. Background

A study in Colorado State, United States of America, by the Rocky Mountain High Intensity Drug Trafficking Area (2017) illustrates that most crimes had increased due to the legalisation of medical cannabis. It reported that from 2008 to 2010 property crime increased by 6.2%, violent crime by 6.7% and all crime increased by 6.2%. It is therefore argued that the legalisation of cannabis for medicinal purposes in South Africa might have an influence on crime.

Early and frequent cannabis use in adolescents has multiple negative implications for social functioning, such as academic decline, increased risk of physical injury and risky behaviors, i.e. as unprotected sex and the use of other illicit substance use (Paruk and Burns, 2016). As cannabis use is illegal for recreational use, people run the risk of being arrested when it is found in their possession. Correctional centers are overpopulated and no longer rehabilitative, and the lack of space and resources denies inmates fair processes academically, economically and personally.

South Africa is confronted with numerous socio-economic challenges, with the youth being a particularly vulnerable population who are affected by drugs and substance abuse. Cannabis consumption is reported to be the highest amongst illicit drugs, and according to (Peltzer and Ramlagan 2007: 127) cited on Khan (2015:169), cannabis use ranks second to alcohol in terms of substance abuse. In their study based on longitudinal data over a 20-year period on cannabis users, observed that its use is particularly high amongst youth aged 13 to 19. The United Nations Office

on Drugs and Crime (2015) stipulates that young people are especially susceptible to cannabis addiction, which is often a gate-way drug to other stronger substances. Research from treatment centers indicates that the earlier drug use starts, the higher the risk for abuse and dependence.

Unemployment, inequality, poverty and poor governance in South Africa have impacted upon social stability in complex ways. At an individual level, living in conditions of poverty significantly exacerbates the risk of engaging in crime (Cilliers and Aucoin 2016). According to Statistics South Africa (2015) “*As a result of the recession, the unemployment rate among youth rose from 32,7% in 2008 to 36,1% in 2011 and has remained between 35,0–37% every year*”. In light of the above, high unemployment and poverty in South Africa creates an environment that is susceptible to crime and corruption. South Africa has been confronted by the issue of crime as people do not have legitimate means of generating income. Statistics South Africa (2015) notes that the frustration of not finding employment has led many young people to become discouraged and exit the formal labour force altogether.

Chigunta (2002) asserts that the youth in Africa face numerous challenges that have serious consequences for education, production, consumption, property, employment and other general opportunities. Cannabis consumption and abuse is closely associated with various social and economic challenges confronting its users.

“Cannabis use is linked to deficits in tasks of executive functioning. It has negative effects on memory, including the ability to form new memories, and on attention and learning... a New Zealand study found that cannabis is linked with dropping out of school, and subsequent unemployment, social welfare dependence, and an overall feeling of inferior life satisfaction” (UNODC, 2015: 11).

While legalising medical cannabis production could be used to curb some of the socio-economic challenges, such as poverty, unemployment and crime by creating employment, considerations should also be focused on the negative implications that will be accompanied by making it widely available, and to develop proactive strategies to avoid such issues. Fraud and corruption is another significant aspect of concern that the criminal justice has been confronted with. The perception that legalising medicinal cannabis will elevate the already alarming crime rate in South Africa has

been a major concern. It is important to understand that apart from poverty and unemployment, there are other influences that significantly contribute to crime, with the concern that legalisation might create more opportunities for commercial crimes, such as the illegal possession and dealing in medical cannabis, require attention.

Shaw (1998) asserts that the South Africa's criminal justice system is in a crisis, and for it to be able to prevent, process and deter crime in any measure of its effectiveness, it needs to be reformed. Therefore, challenges that the criminal justice system are confronted with might hinder its ability to efficiently and effectively protect medical cannabis, and that problems with abuse will facilitate criminal activities to occur. For instance, due to fraud and corruption, people would illegitimately obtain licenses to cultivate and sell cannabis for non-medical purposes, which will exacerbate substance abuse and crime.

The South African criminal justice system is confronted by various challenges, to such a degree that it is regarded as less effective. Fraud, corruption and incompetence of personnel within the department expose service users to victimisation “*Drug dealers have already infiltrated SAPS ranks and government institutions and are currently assisting the international organised crime syndicates*” Gouws (2017:36). Such instances compromise the relationship between communities and law enforcement.

Paruk and Burns (2016) stipulate that cannabis affects the brain, and that many people who use it experience memory loss, have a compromised academic performance, and that some students drop out from school or universities. This indicates that the future of the youth could be compromised by its legalisation, and might influence multiple factors, such as academic dropout, which results in lack of skills and qualifications, and increased criminal behavior among the youth. It is important to acknowledge that the effects of cannabis are not necessarily direct and immediate, but that it can create conditions that will expose users to deviant and criminal behavior.

Cannabis production is flourishing, a large number of rural families make their living through cannabis production especially in deep rural area the effects/consequences of cannabis use have raised concern in setting in KwaZulu-Natal (Ahmed, 2001:10). Substance abuse and cannabis addiction is prevalent within black communities and the main domestic consumer market being based in Durban, is problematic. Lindelani is situated in Durban KwaZulu-Natal, therefore cannabis within this community is readily available.

1.3. Motivation for the study

The negative social connotation attached to cannabis use for recreational purposes plays an important part in terms of influencing attitudes towards medicinal cannabis. The debate around the legalisation of cannabis for medicinal purposes has results in a range of opinions being expressed. However, the plight of people from marginalised communities who could experience considerable consequences if it is legalised, has not been explored, the concern for possible associated social ills resulting in the researcher deciding to examine this topic. As a resident of the area of study, many of the issues arising from the study have been observed or experienced by the researcher as a youth and local social worker.

While some endorse the initiative to legalising cannabis for medicinal purposes, others are against it, and people from marginalised communities who have little or no access to the *Government Gazette* and other formal means of communication to express their opinions are automatically excluded and deprived from engaging with the government in terms of contributing to the topic. People should be afforded equal opportunity to voice their opinions, as the proposed changes will affect everyone. The researcher was very interested in understanding the perceptions and feelings of local communities and felt that people from such communities were not afforded fair opportunity to contribute to the topic, hence, the study sought to include them in the discussion.

The lack of sufficient literature on the topic, and exposure to what is available, deprives people from being well informed about such changes. There is insufficient literature on the consequences of the legislative changes in a South African context, most focussing on the medical benefits. This study therefore seeks to explore the potential influences that legalisation could have outside of the health system, specifically at how crime would be affected. As there are many misconceptions on

the topic, the intention was to raise awareness and make people more informed about the possible consequences of the increased availability of cannabis for medical purposes.

South Africa has been struggling with the issue of substance abuse, which is often associated with specific crimes. The government embarked on a campaign where they worked with non-governmental organisations and other relevant stakeholder in attempt to curb the problems associated with drug abuse. Despite such attempts, drugs and substance abuse remains relatively high in South Africa, with small communities often suffering serious consequences as a result of its ongoing use. The legalisation of medicinal cannabis could fuel the already alarming consumption of cannabis, as it will be increasingly accessible. The study therefore seeks to understand how legalisation of medical cannabis will influence small communities, especially in marginalised communities, where most consumers of cannabis are situated.

1.4. Problem statement

Legalising cannabis in South Africa, for medical or other purposes, will have its advantages and disadvantages. With growing global recognition of the medical benefits of cannabis, it is likely that South Africa will also explore the positive aspects, given the growing trend in looking to traditional medicines for treatment options. However, the negative aspects of the drug are also well known, as it is used by people across all race, gender and classes in the country for recreational purposes. Cannabis is also grown locally, with types being given local names such as ‘Durban poison’, ‘green’ *insangu’ nkantini*, and ready availability from local tuck (spaza) shops, garages and street vendors.

It is well recognised as a gateway drug to stronger types, with many other types of drugs also being locally available, such as Wonga, tik, and herion. There is a common finding that most hard drug users started with less dangerous drugs, and that there appears to be a staircase from alcohol and solvents via cannabis and tablets to amphetamine, cocaine and heroin (Kandel, 1975; cited from Melberg et al., 2007).

Families and communities bear the brunt of such addictions, having to face anti-social behavior, theft in the home to pay for the addiction, and crimes, ranging from muggings to rape and murder. While legalising cannabis for medical purposes may have beneficial health effects, it is possible that the likely increased and formalised production will result in it becoming more readily available in forms that can be used for non-medical purposes. This increased availability is unlikely to affect the street value but is likely to make it more readily available for recreational consumption, which could have serious consequences for impoverished communities, where its consumption has been partly curtailed by it being illegal.

Early and frequent cannabis use in adolescents has multiple negative implications for social functioning, such as academic decline, increased risk of physical injury and risky behaviors such as unprotected sex and other illicit substance use Paruk & Burns (2016). There has been little research into the perceptions of people about legalising medical cannabis in a small South African communities such as Lindelani where substance abuse is rife. The study is motivated by how such a vulnerable community perceives the legalisation of cannabis and the possible impact it would have on their lives. This would provide insight into the thinking and potential implications for those directly affected.

1.5. Aim and Objectives

According to Dawson (2010:56) “a research project goal or aim is the overall driving force of the research”. It is important for a researcher to be clear and concise about the purpose of the study.

The aim of the study was to examine the effect of legalising medical cannabis in Lindelani area, KwaZulu-Natal Province, South African, and explore its implications for vulnerable communities.

The study had the following Objectives:

- To explore and discuss community perception on the legalisation of medical cannabis in South Africa.
- To explore the effects of legalising medical cannabis in South Africa through the lens of a township community struggling with substance abuse and criminality
- To identify and discuss potential implications of legalising medical cannabis in small and vulnerable communities in South Africa.

1.6. Research questions

Creswell (cited in Du Plessis, 2011:23) asserts that “*Qualitative studies ask research questions and steer away from making predictions or hypotheses*”. Concurring with this idea, Fossey, Harvey, McDermott and Davidson Du Plessis (2011:23) argue that a qualitative research question will not be hypothetical, proving or disproving of a certain truth, but would rather explore a “depth of understanding” of a phenomenon. To this effect, the study intends not to set out to search for any single objective truth, but rather to allow it to be guided by research questions that explore the truth of each participant.

The research questions for this study were therefore:

- What are the community perceptions of the public regarding the legalisation of medical cannabis in Lindelani?
- What are the effects of legalising medical cannabis in South Africa?
- What are the potential consequences of legalising medical cannabis for small and vulnerable communities in South Africa?

1.7 Underlying assumptions of the study

The study had the following assumptions

- Based on the researcher's experiences, there are numerous problems associated with cannabis use among people living in Lindelani. Legitimising cannabis for medicinal purposes could create the misconception that it is risk free and beneficial when consumed for health purposes, justifying its use by people who want an excuse to use it for recreational purposes.
- Families in Lindelani have been negatively affected by the use of cannabis for non-medical purposes and will be able to provide insight into the consequences of its legalisation for medical use.

1.8. Significance of the study

“Intentionally or not, research has an impact on society. Research can help provide information needed to make informed decisions in the public and private sectors. Research can uncover circumstances worthy of criticism and can help clarify alternative choices of action and their potential consequences. It can also provide correctives, for example, by shedding light on the situation of vulnerable groups” The National Committee for Research Ethics in the Social Sciences and the Humanities (2006:9).

The findings of the study will therefore be of interest to policy makers in South Africa, with research playing an essential role in contributing knowledge from the community members themselves. As people from these small communities are less recognised in terms of decision making, government tend to decide what is best for them, which overlooks and infringes on their right to make their own decisions. The study will thereof serve as a platform for such individuals to express their opinions, many of whom are not aware of such changes, their participation enabling them to able to obtain information about the topic.

The study also has relevance within the school of Human Applied Science in Criminology in particular, as it examines the relationship between policies and the effect of crime in small, poor communities. The information will come in handy to students who would like to understand how certain policies affect various aspects of communities. The study will not only contribute knowledge within the Criminology discipline, but also to other schools, as it touches on an important topic in South Africa. The study does not give practical solutions but aims to contribute and enhance knowledge to the researcher, participants and the readers of this paper.

1.9. Structure of dissertation

Chapter 1: Introduction. The introduction to the topic is discussed and the significance of it is outlined. In this chapter the researcher gives the statement of purpose, aim and objectives and the critical questions addressed in the study are presented.

Chapter 2: Literature review and Theoretical framework. This chapter presents the literature that was reviewed by other scholars within same topic. The literature is used to locate the study within a particular context and to identify gaps from existing studies. Two theoretical frameworks were also discussed in this chapter to locate the study, namely social disorganisation and social learning theory

Chapter 3: Research Methodology. This chapter outlines the methods used to conduct the study, and describes the study area and population, data collection tools, processes and analysis. It also reviews issues related to reliability and validity, as well as the ethical considerations.

Chapter 4: Data presentation. This chapter presents the findings of the three Objectives.

Chapter 5: Discussion of Findings. This chapter discusses the findings of the study with respect to those reported in the Literature Review in order to provide an illuminating description of the phenomena.

Chapter 6: Conclusion and Recommendations. This final chapter indicated the extent to which the problem has been addressed and the Aim achieved by summarising the results for each objective. It presents the study limitations and significance of the findings and makes recommendations about future research and community issues that need to be addressed should cannabis be legalised for medicinal or other use.

1.10 Conclusion

Chapter one gave a brief outline of the research, it provides background, motivation, problem statement, aim, objectives and research questions of the study. This chapter further details the underlying assumptions of the study and concludes by providing the structure of this project.

CHAPTER 2: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1. Introduction

This chapter has two sections, the first presents the reviewed literature focusing on articles relevant to addressing the aim and objectives of the study and enables a greater understanding of the topic in question. It is important to review studies to establish what other scholars have found about the phenomenon in question in order to identify the gaps. The second section presents the theoretical frameworks used to locate the study. This study used two theories, namely: Social Disorganisation theory, first advanced by Clifford Shaw and Henry McKay (1969/1942), and Social Learning Theory by Albert Bandura (1977). This chapter starts by providing definitions for the important key terms of the study for a better understanding of the content of this paper.

2.2.1. Terms

The following definitions and descriptions apply to this study:

- ***Cannabis***: Cannabis is a natural plant that is often used for smoking, as it has mild effects, although it can also be mixed in food or brewed as tea. It is cut into a dry, shredded green and brown mix of flowers, stems, seeds, and leaves to be smoked in cigarette form, called a joint, or in a pipe, (Glauser, 2012). It is derived from the *Cannabis sativa* plant, with Delta-9 tetrahydrocannabinol (THC) being the primary psychoactive ingredient.
- ***Delta-9 tetrahydrocannabinol (THC)***: This is the main psychoactive (mind-altering) chemical in marijuana and is responsible for most of the intoxicating effects. This chemical is found in resin produced by the leaves and buds, mainly from the female cannabis plant (National Institute on Drug Abuse 2017).
- ***Cannabinoids (CBD)***: Cannabinoids are biologically active molecules that bind to receptors in the human body and provide relief from symptoms (Ammerman, Ryan, Adelman, 2015). The chemical constituent of cannabis that acts on the endocannabinoid system of the human body can be synthetic or derived directly from the cannabis plant. Cannabis sativa contains over 460 known compounds, of which 60 or more are cannabinoids (National Institute on Drug Abuse 2017).
- ***Recreational Cannabis***: Recreational cannabis is used without medical justification, the most common mechanism of consumption being through smoking to get 'high'. Recreational

cannabis is believed to have high concentration of Tetrahydrocannabinol (THC), which this a primary psychoactive chemical. According to Wright (1991), cannabis can be on a human bloodstream for up to 30 days.

- ***Medical Cannabis:*** Unlike recreational marijuana, medical cannabis is repurposed and has a high concentration of Cannabinoids (CBD), these being the core chemicals used to alleviate various medical conditions. According to Parry, Myers (2014) “*Cannabinoids can be ingested orally, inhaled through vapourisers (Nabidiolex), and used transdermally and via suppositories. Synthetic cannabis is most often delivered in pill form.*”
- ***The Legalisation of Medical Cannabis:*** Legalisation is the process of removing criminal penalties to something illegal. According to Paruk and Burns (2016), legalisation refers to permitting the growing, sale and possession of cannabis. However, Legalising cannabis for medical purposes will mean the plant is only legal within the aspect of medicinal use.
- ***“Traditional Cannabis”:*** Cannabis in the South African context is different from other perspectives and is regarded as a traditional herb to many traditional practitioners, as well as being an instrument that’s connects Rastafarians with their ancestors. For the purpose of the study, the term traditional cannabis is inclusive of cannabis use for spiritual purposes. According to Mujuru and Sekhejane (2014), an estimated 72% of South Africans use traditional medicines, including cannabis, to treat various ailments.

2.2.2 Brief history of Medical cannabis

Medical Cannabis has an extensive history in several countries, with Du Plessis, Visser and Smith (2013) noting the first recorded history of the medical use of cannabis dating back to the pharmacopoeia of Emperor Shen Nung, who wrote a book on treatment methods in 2737 B.C. that included the medical benefits of cannabis. He recommended the substance for many ailments, including constipation, gout, rheumatism and absent-mindedness. The Knowledge Management and Research Department (2015) also asserts that the Chinese surgeon Hua Tuo is identified as the first documented person to use cannabis as an anesthetic. Cannabis was used to treat a variety of human ills in folk and formal medicine for thousands of years in Turkey, South America, Egypt, India, the Malays, Burma and Siam. In the early 1800s, United States of America (USA) physicians used cannabis extracts to produce a tonic for both medicinal and recreational purposes (Du Plessis et al 2013).

People have been using cannabis and benefiting from the plant on a way that no account is recorded for any other plant in the history of mankind. In India, cannabis formed an essential part of religious ceremonies for thousands of years (Grinspoon, 2005). Some religious groups, such as the Rastafarians, refer to it as the holy plant that induces calmness and inner peace. Some traditional healers (e.g. ngaka ya malopo) and indigenous religious leaders in South Africa also assert that cannabis helps people to “see into the future” and to “hear voices” of prophecy (Grinspoon 2005).

Du Toit (1978) cited from Grinspoon (2005) states that when whites under the Dutch East India Company settled in the Cape of Good Hope (South Africa) in 1652, cannabis was already being smoked by various indigenous groups, including the Khoikhoi and San, and was known as “dagga”. Furthermore, there are indications that in KwaZulu-Natal Province in South Africa, cannabis has been cultivated and used by many generations for a variety of purposes. Although medical cannabis was known to offer great benefits, it was later realized that it can also have negative consequences. The negative effects of the plant were documented by the Chinese around 500 BC, who observed that youngsters became wild and disrespectful from its recreational use (Grinspoon & Bakalar, 1993) cited from (Grinspoon 2005).

The authors further state that medical use of cannabis was already in decline by 1890. The potency of cannabis preparations was too variable, and individual responses to orally ingested cannabis seemed erratic and unpredictable. Marihuana Tax Act of 1937 was the culmination of a campaign organised by the Federal Bureau of Narcotics in the United States of America in which the public was led to believe that marihuana was addictive, and that its use led to violent crimes, psychosis, and mental deterioration. The first law prohibiting the sale of Indian hemp (cannabis) in South Africa was promulgated place in 1908. The Drug and Drug Trafficking Act 140 of 1992 prohibited the manufacturing, dealing, use and/or possession of more than 115grams of cannabis (SAMA Knowledge Management & Research Department, 2015).

2.2.3. The Scope of Cannabis in South Africa

According to Joy, Watson and Benson, (2000) cannabis is the first illicit drug most people encounter, and while being illegal in South Africa, it is also the most widely used in South Africa and around the world. The local abundance of cannabis makes its very difficult to control it

consumption, as people have easy access to it and it is very cheap. It is essential to realise that cannabis, despite its criminalisation, is widely used (David Glauser, 2012), and the notion that legalising its medicinal use will escalate the number of its users becomes questionable. Legalising medical cannabis will have social and economic benefits that might add positive value to the plant, users, government as well as citizens of the Republic of South Africa.

According to the South Africa Country Profile on Drugs and Crime (2002), most of the cannabis consumed in the country is of South African origin. Cannabis cultivation remains in the hands of poor rural Blacks Africans, although cannabis is also imported from Swaziland, Malawi, and Lesotho (South Africa Country Profile on Drugs and Crime, 2002). South African cannabis is not only sold domestically, there is some evidence that considerable amount is also exported to other African countries, as well as some countries in Europe.

The South Africa Country Profile on Drugs and Crime (2002) states that authorities in Namibia claim that 80% of the cannabis consumed within that country is from South Africa. South Africa's cannabis herb seizures accounted for almost 68% of all cannabis herb seizures in Africa. At the global level, South Africa's cannabis herb seizures were almost 16% of the world total (South Africa Country Profile on Drugs and Crime, 2002). These figures show that South Africa has considerable quantities of cannabis that people are illegally benefiting from.

According to the South Africa Country Profile on Drugs and Crime (2002), the country is by far the largest market for illicit drugs entering Southern Africa. Consequently, the country is currently experiencing an escalation of drugs and substance consumption, especially amongst the youth community. The INCSR (2015) reports that South Africa is the largest market for illicit drugs within sub-Saharan Africa.

There are policies and legislations in South Africa that seek to protect the citizens. Wright (1991) states that the first drug legislation concerning cannabis in South Africa was passed in 1928, however The Drugs and Drug Trafficking Act, 1992 (Act No 140 of 1992) is the controlling legislation on street drugs in South Africa, including cannabis cultivation, possession, supply and dealing (Keith Hayward, 2007). This Act makes it a criminal offence to cultivate, possess, use

and supply of cannabis, and anyone found guilty of the offence can be fined or serve a prison sentence, with the maximum sentence for the possession of drugs being 15 years.

There is no guarantee that the laws and policies will protect youth from accessing and consuming cannabis. More customers mean greater revenues, which enable owners to make more profit and employ more people and pay higher salaries (Caplan, 2013). However, its greater availability for medical may also result in it being used illegible for recreational purposes.

2.2.4. Cannabis as Schedule 1 Drug

Cannabis is scheduled with heroin and Methaqualone, and all substances placed under schedule 1 are regarded as dangerous and having a very high potential for dependency with no medical benefits. According to the Controlled Substances Act, schedule 1 drugs have the following characteristics:

- has a high potential for abuse,
- has no currently accepted medical use in treatment,
- a lack of accepted safety for use under medical supervision.

Other legislation that prohibits cannabis in South Africa

- The Medicines and Related Substances Control Act 101 of 1965
- The Criminal Procedure Act 51 of 1977
- Drugs and Drug Trafficking Act No. 140 of 1992
- The Prevention and Treatment of Drug Dependency Act 20 of 1992 (as amended)
- The Environmental Conservation Act, 1989 (Act No 73 of 1989)
- The Financial Intelligence Act No. 38 of 2001
- Prevention of Organised Crime Act No 121 of 1998

The key piece of legislation is the Drugs and Drug Trafficking Act, 1992, which supports a punitive model of regulation that is focused on removing drugs and drug users from society through seizure and arrest (Marks & Howell, 2015, cited in Lakčević, 2015). Depending on the quantity of cannabis confiscated, the offender may face criminal charges from a fine or 15 years to 25 years in prison for possession and dealing in cannabis. “*The controlled substances Act (title II) of the*

Comprehensive Drug Abuse Prevention and Control Act of 1970, is the legal foundation of the governments fight against abuse of drugs and other substances” (Controlled Substances Act). The Act schedules drugs, and placement is based on medical use and the potential for abuse and safety or dependence. Rescheduling cannabis for medical purposes might be required, and would open opportunities for more experiments. Currently, it is very difficult to use cannabis for any purposes due to the strict rules and regulations, as it is regarded as a dangerous drug.

“Recently, other countries, like Portugal and the UK, have experimented with changes in their drug legislation. Re-classifying cannabis to a class-C drug, as was implemented in the UK in 2004, was a step in the direction of de-criminalizing the drug developments, as have taken place in some US states and cities. For instance, after a referendum, California accepted medical uses of marijuana in 1996, and in 2005, the city of Denver voted to legalize possession of small quantities of cannabis. In Australia, four of the eight states and territories have de-criminalized use and cultivation of cannabis plants for personal consumption, the most recent change came in Western Australia in 2004.” Melberg, Jensen, Jones (2007)

Cannabis is not as dangerous as heroin and methaqualone that it is classified with under schedule I, research conducted both locally and internationally indicates that it is a soft drug and has medical benefits. Rescheduling cannabis will weaken the strict rules upon it and make it more accessible for more research and other experiments. There are already discrepancies and a contradiction with South African policies in that if cannabis is made legal for medicinal use, it should not be classified as a schedule I drug.

2.2.5. Socioeconomic Benefits of Legalising Medical Cannabis.

The existence and consumption of cannabis continues to be controversial, and the laws and regulations put in place to control and regulate it have not been successful. The criminal sanctions attached to cannabis have been identified by some as a systematic way of depriving people from freely accessing and using the plant. Legalising cannabis for medicinal purpose becomes important to people who are suffering from cancer and families affected. Cannabis licensing, commercialisation and taxation could generate revenues and the money generated can be used to help poor community, enhance laws, security and treat people who are addicted. The government can directly benefit from legalisation of medical cannabis while saving some of the state's revenue and resources.

2.2.5.1 Medical Cannabis and State's Resources

Under the Controlled Substances Act, Cannabis is schedule I drug, which therefore means the government, criminal justice system and all the other stakeholders should ensure that laws are reinforced, and people punished those who contravene the law. South Africa has been fighting the battle of drugs and substance abuse, and many strategies have been implemented with little or no success. South Africa adopted a National Master Plan on Drugs for 2013-2017 that is aimed at reducing the impact of substance abuse and harmonising and enforcing laws and policies (INCB Report 2014).

The criminal justice system has been spending considerable revenues in its attempts to combat the escalating issue of crime in South Africa. In 2015/16, the budget allocation for the Department of Correctional Services amounted to some R20.6bn (3% of the total national budget), 18% of this (R5.55 million) being spent on the incarceration of remand detainees (i.e. 45 043 detainees in correctional facilities) (Gould et al, 2017). Such expenses could be reduced by ensuring that the government delivers service to poor communities. A considerable number of detainees are also convicted for less serious crimes, including possession and selling cannabis. The criminal justice system resources could be focused on more serious criminal offense, thereby reducing the revenue used by the criminal justice system and use that money to provide services to needy communities. Gould et al. (2017) states that the criminal justice system costs South Africa some R126bn a year in direct costs, and an additional R45bn is spent annually on buying security from companies.

The government uses the state's money to incarcerate offenders instead spending the revenues and developing strategies that would be proactive and prevent crime before it occurs, such as allocating more money for service delivery and making sure that the law is enforced at a societal level. (Raphael (2014; cited in Caulkins, Kilmer, Kleiman, MacCoun, Midgette, Oglesby, Pacula, Reuter, 2015) stipulates that enforcing laws against marijuana use and distribution imposes costs. It not only requires public expenditures, it can also reduce the well-being of people and neighborhoods in a variety of ways. This indicates that criminalising cannabis does not protect individuals, but expose users in difficult conditions and exhausts income generated through taxes. According to Evans (2013) "*legalisation will reduce the need for prosecutorial, judicial, correctional, and police resource spending*". Deitch et al. (2000) further state that the costs of investigating, prosecuting and incarcerating addicts mount the highest cost comes from recidivism. The medicinal cannabis laws would have to be reinforced at a community level, ensuring that its legalisation does not influence or exacerbate its abuse and increase crime, and in so doing, the government would reduce expenditures caused by overcrowding of correctional institutions.

According to Evans (2013), reducing the number of marijuana-related arrests and incarcerations may cause marginal growth in aggregate productivity, as fewer employees who have jobs will need to miss work for court appearances, and incarcerated offenders will be able to participate in the job market. Incarceration does not only affect individuals but also has a significant impact on other people, such as their families. Incarceration also exposes the individual to an environment that will likely negatively affect the offender, as correctional centers are overcrowded "*with a total capacity of 120 000 people, South African correctional facilities exceeded their capacity with the number of prisoners recorded to be 159 336 at the end of the last financial year*" (Gould et al, 2017: 27). Offenders who are convicted for less serious crimes have to share prison cells with those who are in for serious crimes, which can not only result in them being physically and emotionally damaged, but becoming engaged in more serious crimes and engaging in anti-social behavior.

Half a million people are being released into the community every year from prison, with 70% - 80% having drug-related problems (Deitch et al 2000). The environment and conditions in which convicts are confined allow them to engage in anti-social behaviors. Staff shortages, prisoner and warder unrest and increasing corruption are major challenges, with the majority of escapes being

a result of bribing prison officials, the Department being known by its employees as the ‘Department of Corruptional Services’ (Shaw, 1996). Such conditions allows vulnerability of inmates, and in many cases, the options open to them on release narrow, and return to the community not rehabilitated, often committing more dangerous crimes.

The legalisation of medical cannabis would mean that the government would need to work in collaboration with the criminal justice system, local organisations and other relevant stakeholders to develop laws and policies that would reinforce, control and regulate medical cannabis use. This collaboration should include dealing with stakeholders at the community level to reduce the number of arrests and provide proactive interventions rather than reactive punishments.

2.2.5.2 Medical Cannabis and Tax

As a developing country, income tax is the largest source of income and can have a considerable impact on people’s lives, especially those in very poor circumstances. Tax revenues should be used to enhance the citizens quality of life on a daily basis, e.g. to support students from poor communities, provide social security grants and basic services to the public, making it a government’s responsibility to ensure that tax revenue is adequately generated.

Legalising medical cannabis would provide an additional source of revenue for government through taxation. Cannabis is globally the most used and trafficked drug, but due to its illegal status in many countries, governments cannot benefit from its trade. The government would generate revenue through tax, and save the state’s money and resources by removing criminal sanctions for minor cannabis offences by preventing the legal processes and incarceration (Atkinson and McDonald, 1995).

Medical cannabis legalisation can decrease the involvement of criminal organisations in the illegal cannabis economy, and lead to lower crime rates. Preliminary evidence from recent studies suggests that medical cannabis legalisation may be associated with a decrease rather than an increase in crime (Shepard and Blackley 2016). Hence, this would go some way towards reducing the illegal trade and the crime associated with it by instituting regulations to control its production

and distribution. According to Light, Orens, Rowberry and Clinton (2016), cannabis tax revenues are growing quicker than any other tax types. The cannabis business has considerable potential grow the economy of South Africa and create job opportunities. With more people being absorbed into permanent jobs, the government will be able to generate tax on their salaries while allowing them to grow and develop in the labor market.

2.2.5.3 Medical Cannabis and Mortality

(Paruk and Burns, 2016) stated that The Cannabinoids found in cannabis leafs are the main chemicals that treats various medical conditions, including cancer. MP Mario Ambrosini suffered from cancer when he introduced the Medical Innovation Bill in the South African parliament to legalise medical cannabis to treat cancer and other patients, which could save lives. According to Mujuru and Sekhejane (2014), GLOBOCAN estimates that in 2012 there were approximately 14.1 million new cancer cases diagnoses, 8.2 million deaths due to cancer and 32.6 million people living with cancer worldwide. The authors further state that the prevalence of cancer in developing countries is escalating, with 15.6 million of the five-year prevalent cancer cases occurred in in these countries, of which South Africa is one (Mujuru and Sekhejane (2014). Cannabis plant contains active ingredients with therapeutic potential for relieving pain, controlling nausea, stimulating appetite, and decreasing ocular pressure (Glauser 2012).

Cancer is causing more deaths than Acquired Immune Deficiency Syndrome (AIDS), Tuberculosis and Malaria combined (Mujuru and Sekhejane, 2014). It is therefore important to acknowledge the medical aspect of cannabis as a priority for its legalisation. This matter in this aspect should not be tabled for negotiations. Local and international studies have reported on the efficacy of cannabis and the products derived from it in healing or alleviating the symptoms of various ailments, such as cancer (Mujuru and Sekhejane, 2014). A number of countries, including several states in the United States of America, have legalised the use of cannabis. Kilmer et al (2015) further state that Uruguay became the first country to experiment with legalisation nationwide.

The challenge is that ingesting cannabis by smoking can be detrimental to health, as most cannabis users feel that smoking a ‘joint’ of cannabis alleviates symptoms quickly. Mujuru and Sekhejane

(2014) found that evidence alluding to cannabis smoking causing cancer are inconsistent. Also mentioned that the association of cancer being caused by cannabis is not strong, and went as far as saying that cannabis reduces the chances of getting lungs cancer.

2.2.5.4 Medical Cannabis and Employment Opportunities

According to Cilliers and Aucoin (2016), youth unemployment in South Africa is particularly high. The International Labour Organisation estimates that youth unemployment (those aged between 15 and 24) in South Africa is 52%, more than four times the rate for the rest of sub-Saharan Africa, with recent publications by Statistics South Africa confirm these findings. The legalisation of cannabis could contribute to combating and reducing poverty and unemployment by opening employment opportunities for young persons, therefore affording them more opportunities to gain experience and exposure to the labor market.

South Africa has one of the highest rates of youth unemployment and has been combating this challenge for a number of years. Legalisation of medical cannabis would open permanent job opportunities for the youth. The revenue generated through tax will contribute to opening employment opportunities, while its growing, cultivation and dispensing will have open opportunities for many persons. According to Mujuru and Sekhejane (2014), besides the medical benefits of cannabis, this plant can be a driver of the bio-economy of South Africa. Cannabis has the potential to transform some of South Africa's poorest regions through the cultivation of the plant and the processing of the various related products (Mujuru and Sekhejane, 2014). The legalisation of medical cannabis will not only open job opportunities, but allow the development of communities by providing services.

The legalisation of medical cannabis created thousands of permanent jobs in the United States and lot of people benefited not only from the cannabis but also through products that are made with hemp According to Light et al (2016), the legalisation of cannabis created 18,005 full-time equivalent (FTE) jobs in 2015. Among those jobs, 12,591 were employees directly involved with the cannabis business, either in its cultivation, in stores and dispensaries, or at product manufacturing operations. In light of the above mentioned, it could be argued that the legalisation of medical cannabis will have a major contribution to combating youth unemployment and other social ills.

2.2.3 Social Costs of Cannabis Legalisation in South Africa

There is considerable literature on the relationship between legalising cannabis for medical purposes and how it will benefit people, but very little that seeks to understand the relationship between legalising cannabis for medical purposes and crime. Hence this paper seeks to fill that gap, as the relationship between drugs and crime known to exist, making it important to examine how changes to cannabis legislation will affect these trends. The consequences may not be instant and immediate, hence it become important to examine all aspects of such changes. Unfortunately, the issue of drug abuse is not a new concept in South Africa, it is something that has been experienced for years, the criminal justice been making thousands of arrests annually for possession of cannabis.

Cannabis carries various medical benefits and contains medical compounds (cannabinoids) that can kill cancer cells and alleviate various medical conditions. In South Africa, access to cannabis is currently not legal, and there is general public concern that its legalisation will open opportunities for people to misuse or abuse the plant/drug. The historical and current abuse of the substances such as dagga, is well known, but in South Africa, the general public and communities living with substance abuse and crime are concerned that legalisation of cannabis will exacerbate substance abuse amongst the youth and further fuel the already alarming crime rate. In the United State of America, it was found that the States that had legalised medical cannabis had higher rates of recreational use (Parry, Myers, 2014) which signals how detrimental such policy changes can be. This paper also seeks to understand the relationship between legalising medical cannabis and crime in South Africa.

As much as cannabis has been identified as having medical benefits, ingesting it through smoking can produce detrimental health effects. However, the evidence shows that most medical cannabis users prefer smoking it because they believe its effects to be quicker than through oil or pills. According to Parry and Myers (2014), cannabinoids are delivered through various mechanisms, the most obvious being through smoking. However, smoking cannabis can be hazardous to health over the long-term because toxic compounds are created in the combustion process. In addition, it

is difficult to regulate the amount of cannabinoids being ingested. However, users report that smoking relieves symptoms quickly.

Legalisation continues to cause controversy regarding its use for recreational purposes and possible criminal offences that are linked to it. A causal link between crime and drugs occurs for at least three reasons. First, the substance itself could lead to more violent or criminal behavior by users. Second, users might commit crimes to obtain money to buy drugs. Third, violence occurs between drug suppliers to control selling areas (Adda, Mcconnell, Rasul 2010). The fear that legalising medical cannabis will open the floodgates of recreational use remains of concern.

A concern of parents and pediatricians is whether the legalisation of medical cannabis will result in the increased use for recreation by adolescents, (Ammerman, Ryan and Adelman, 2015). The argument is that by legalising cannabis, adolescents would believe that it is a safe, and that access to cannabis will be more extensive. According to Ammerman, Ryan and Adelman (2015), there will be efforts to target youth through marketing, not only for medical marijuana, but also for decriminalised and possibly legal use.

“Governments that have instituted no or few legal restrictions against medical use of cannabis experience difficulties in ensuring that provisions for the medical use of cannabis are realistic instead of “theoretical” or symbolic gestures, and difficulties in preventing the general public and young people in particular from believing that cannabis use is harmless.” South African Central Drug Authority (2004).

There are numerous challenges associated with excessive drugs consumption, including cannabis, irrespective of whether the consumption is for medical purposes or recreational. A number of studies have noted significant correlations between marijuana use and many severe health and social problems (Evans 2013: 8). Generally, consuming substances that are addictive, or have addiction potential when consumed regularly, individuals run the risk of addiction (dependence), which will be problematic and can pose a threat to life. Lawson and Dininio (2013) state that problematic drug use is associated with poor health, low life expectancy, lack of productive

employment, and domestic violence. They further argue that drug consumption can also affect education and youth and raises the question as to whether they can be protected from the changes that may make cannabis readily available. Early initiation of cannabis confers a two-fold increased risk of later development of schizophrenia, and the earlier the age of cannabis initiation, the greater this risk. Paruk and Burns (2016) further argue that early and frequent cannabis use and mental illness in adolescents has multiple negative implications for social functioning, such as academic decline, increased risk of physical injury and risky behaviors e.g. unprotected sex and other illicit substance use.

“Marijuana is an addictive drug that poses significant health consequences to its users, including those who may be using it for ‘medical’ purposes” (Evans 2013:8). Heavy cannabis users generally report lower life satisfaction, poorer mental and physical health, more relationship problems, and less academic and career success compared to their non-using peers. (National Institute on Drug Abuse). Evans (2013) also stated that cannabis’s implications for public safety, with short- and long-term use being known to cause cognitive impairment affecting sensorimotor functioning, attention span, memory, self-control, learning and educational attainment. The side effects of cannabis include conjunctival injection, dry mouth, orthostatic hypotension, increased appetite, increased thirst, drowsiness, insomnia, anxiety symptoms, panic attacks, short-term memory loss, hallucinations, and ataxia Ammerman (Ryan and Adelman, 2015).

Most substances produce tolerance, physical dependence and withdrawal symptoms. Tolerance is the most common response to repetitive use of a drug and is the condition in which, after repeated exposure, increasing doses are needed to achieve the same effect (Joy, Watson and Benson, 2000). This condition is harmful to users as it can affect their behavior. Joy, Watson and Benson (2000) stipulate that as addiction develops, craving increases, even as maladaptive consequences accumulate. Therefore, the notion is that legalisation of cannabis will make it accessible and the number of users will escalate, and as a result, South Africa will experience an escalation of criminal offence and deviance behavior from the users.

There is a strong connection between increased substance abuse and crime. *“Researchers at Columbia University found that states that legalised marijuana use for medical purposes have significantly higher rates, almost twice as high, of marijuana use and of marijuana abuse and dependence than states without such laws”* (Evans 2013:19). People commit crime to acquire drugs

and they also commit criminal offenses after consumption. The association between drug activity and violent crime remains (Martinez, Rosenfeld, Mares 2008).

Addiction and drug-related crime are two of the most intractable social problems (Gottfredson, Kearley, Bushway, 2008). The negative impact of expanded cannabis use will have a severe and pervasive impact on public health, from which there will be no turning back (Evans, 2013). According to Anglin and Perrochet (1998), cited from Denise et al (2008), crime was an inherent part of illegal drug use, and that property crimes almost always increased to support dependence level use of heroin, cocaine, crack, amphetamine and even cannabis. Violent crime is the greater concern of substance abuse, and legalising cannabis could make it expensive due to the tax that the government would charge, hence, some individual will not be able to afford to buy it, which will increase the number of robberies and theft.

Due to its abundance and accessibility, cannabis is predictably the first illicit drug most people encounter. Joy, Watson and Benson (2000) state that most users of other illicit drugs have used cannabis first. It serves as a gateway to the world of illegal drugs in which youths have considerable opportunity and are under social pressure to try other illegal drugs. Another theory is that it also serves as a 'stepping stone' (Joy, Watson and Benson, 2000), which means that people who enjoy the effects of cannabis are more likely to want to try other mood-altering drugs.

The legalisation of medical cannabis has the potential to benefit the economy and eliminate illegal distribution, which will decrease the involvement of illegal dealers from the black market. It has been recognised that while cannabis carries considerable medical benefits and has a potential to save lives, it also has cognitive effects and other disadvantages. If cannabis affects brain activities and human behavior than there is a problem, especially to school goers, which could result in low school enrollment, attendance and completion, this already being a problem in South Africa. This presents a threat for youth who are susceptible to peer pressure, or those who feel marginalised and lack hope for the future (Lawson and Dininio 2013). While Education is extremely important, South Africa is currently experiencing the highest rate of youth unemployment due to a lack of education and skills.

When a person cannot secure employment due to lack of qualifications and/or skills, they are confined to an environment and circumstances that may force them to try alternative ways of

generating revenue, some of which could be illegal. Growing and selling cannabis might therefore be the option, as it will also help the individual to sustain their addictions. Lawson and Dininio (2013) have indicated that drug dealing provides employment for those who are unemployed and under-educated.

The issue of incarcerating cannabis users is a major concern, with correctional centers being over populated. Crime statistics indicate that cannabis offenses account for almost half of the 1,531,251 drug arrests nationwide, and that nearly nine out of every 10 cannabis arrests are for possession, not distribution (Evans (2013:5). Correctional centers are no longer safe and rehabilitative, the overcrowding of these institutions making it very hard for inmates to receive adequate attention and resources, with those who committed less serious crimes being required to share prison cells with those who are convicted for much serious crime. The presence of prison gangs influences anti-social behaviors within the correctional institutions, such as violence, use of drugs, rape and other behaviors, therefore, incarcerating cannabis users does not help them or the community, but may adversely affects them and their communities. The majority of people who are the victim of drugs and substance abuse are the youth, which is important to understand if cannabis remains illegal. Being incarcerated, even briefly, can disrupt legitimate careers and impair future job prospects (Raphael, 2014, cited in Kilmer, et al 2015). Criminal record will make it very difficult for them to secure employment.

2.2.3.1 The Gateway drug

Studies have indicated that when an individual consumes cannabis, they have an increased risk of moving to “harder”, more addictive substances. Cannabis as an illegal drug has also been identified as a gateway, or stepping stone drug, and offers one possible explanation for young people's development of serious drug problems (Melberg, et al 2007). Pudney (2003) cited on Bretteville-Jensen, Melberg, Jones (2005) asserts that there are three possible mechanisms that might be the basis for a causal gateway effect in drug use. The consumption of soft drugs may create a psychological or physiological need for further and stronger experiences of the same type. The act of obtaining and using soft drugs may bring the user into contact with hard drug users or suppliers whom they would not otherwise have met. Experience of the use of soft drugs with no obvious ill

effects may appear to contradict and undermine the strong negative publicity directed against illicit drug use in general, so that advice against hard drugs becomes less persuasive.

There are number of elements that can influence addiction or transition from cannabis to much harder drugs. The psychological effect or the high that the drug produces might make the individual long for more, according to Perkel (2005) “*repeated exposure to cannabis, particularly in adolescence, may over time sensitise the brain reward system, increasing the pleasurable responses to other substances when tried, and accelerating the process of loss of control*”. Transition to much harder drugs can also be influenced and facilitated by environment in which one purchases cannabis. It can be argued that purchasing cannabis from the black market expose consumers to drug dealers and physically interact with them, therefore, drugs dealers can recommend or suggest a new substance to consumers.

Many have interpreted this association to be based on personality and social factors, that non-conforming adolescent are attracted to cannabis and equally to other drugs, and that cannabis users are pushed into the realm of illegal drugs where they will make contact with users and sellers of other drugs (Perkel, 2005). The status of cannabis creates an environment that exposes users to certain individuals. As the plant is illegal in South Africa and cannot be accessed in a more open, public and safer space, users are forced to interact with dealers, and these are the same people who introduce new drugs to them.

Comparisons of cannabis users versus non-users have clearly shown that users to a larger degree try other illicit drugs, more so if they are frequent cannabis users (Ferguson and Horwood, 2000, cited in Bretteville et al., 2005), and that it escalates the possibility of beginning to ingest another more harmful drug later in life. Cannabis is sometimes said to be a gateway drug that increases the users’ probability of taking up hard drugs like amphetamine or heroin (Melberg et al., 2007).

A recent trend in poorer communities is the use of a combination of heroin and cannabis, called ‘nyope’ or ‘whoonga’ (INCSR 2015: 282). This combination is very detrimental to health, with users often starting by smoking cannabis and escalated to heroin, as cannabis no longer gives them the desired results. This is one example on how cannabis can be regarded as a gateway drug, with

users probably started with cannabis, which is much softer, and late being introduced to heroin. The empirical basis for the hypothesis is the common finding that most hard drug users have started with less dangerous drugs first and that there seems to be a staircase from alcohol and solvents via cannabis and tablets to amphetamine, cocaine and heroin (Denise B. Kandel, 1975, cited from Melberg et al., 2007).

2.2.3.2 Medical Cannabis Legalisation and crime

Whether the legalisation of cannabis for medicinal use will create employment opportunities and remove privileges from the ‘black market’ is another of interest regarding how the general public will benefit from these changes. Legalisation needs to be accompanied by very strict rules and regulations that enable individuals to grow, cultivate and sell cannabis, they should be required to have a license accredited by the Department of health, the requirements for which need to be very strict.

According to Gouws (2017), a person is unsuitable for employment in cannabis-related operations if they are under the age of 18 years, have been convicted of a serious offence, have a drug addiction problem, or are undertaking, or have undertaken, treatment for drug addiction, have a history of illicit drug use or a conviction for an illicit drug-related offence. He further states that cultivation by non-licensees needs to remain a criminal offense under such legislation.

Cultivation and domestic transport of cannabis from the farm gate to the distribution centers within South Africa are generally controlled by rural Blacks Africans with links to both the farm environment and the urban market (Country Profile, 2002: 23). These people may have previously been convicted for possession, dealing and trafficking of cannabis and may have a criminal record, and in many instances, the dealers who sell cannabis may be users themselves. This needs to be established if they do have criminal records, to ensure that all those in the distribution chain comply with the legalisation in terms of excluding people who have criminal records. In South Africa, large numbers of people work in illegitimate markets, often as a means of survival. Poverty and high unemployment contribute too many people becoming involved in selling liquor illegally and drug dealing (Newham, 2002).

These requirements might force farmers of cannabis to embark in illegitimate means of acquiring licenses, with many factors facilitating such criminal offences instance, police corruption, bribery, fraud and other forms of economic crimes. The weak judicial institutions, corruption, low wages, and unemployment that characterise many countries in the region provide environments conducive to a variety of illicit economic activities, including trafficking in drugs (Van Heerden, 2014). These challenges in South Africa are of great concern with respect to legalising medical cannabis as such changes might cause more harm than good.

2.2.3.3 Commercial Crimes

The South African criminal justice system appears to be compromised when it comes to investigating and combating commercial crimes, offences being mainly committed by high profile or wealthy individuals. Commercial crime includes different types of ‘white collar’ crimes, such as corruption, fraud, money laundering, embezzlement and forgery (Newham, Lancaster, Burger and Gould, 2015) According to the Global Economic Crime Survey (2016), economic crime remains a serious challenge to business leaders, government officials and private individuals in South Africa. Government and state-owned entities have been plagued by numerous high-profile scandals involving falsified qualifications recently, with many people being prepared to take a chance and lie about their qualifications to get a job or a promotion (Global Economic Crime Survey, 2016). Commercial crime has a profound impact on the economy, trade and society at large. Individuals, businesses, organisations and government suffer the consequences of these crimes, which are committed for financial gain (Budhram and Geldenhuys, 2017).

The legal framework for investigating crime was established by Section 205(3) of the Constitution of the Republic of South Africa 1996 (Act 108 of 1996), which places a legal obligation on the South African Police Services (SAPS) to prevent, combat and investigate crime. This is supported by the Criminal Procedure Act 1977 (Act 51 of 1977, CPA), the South African Police Service Act 1995 (Act 68 of 1995) and various other statutes (Budhram and Geldenhuys, 2017). The SAPS appear to be unable to protect victims from commercial crimes that threaten the economy, corrode scarce and valuable resources, and inhibit growth and development. Although the SAPS have the main duty to investigate non-SAPS government investigators and, in a private capacity, bank, corporate and private investigators provide similar services.

According to Shaw (1998), organised crime was a little understood phenomenon in the newly democratic South Africa. Public attention had been focused on other, more visible areas of criminality, and the SAPS had only recently begun to counter the problem. The lack of understanding of the growth of organised crime in South Africa had been the result of a general failure to properly analyse the phenomenon (Shaw, 1998: 2), who further argues that the growth in organised crime caught South African law enforcement agencies unprepared. The policing agencies of the South African state struggled to make the conversion from authoritarian control to democratic forms of policing. If the criminal justice system cannot be pro-active and ensure the safety of the public, it could be argued that while cannabis would only be legal for medicinal use that will not prevent people from misusing it, as they know that there is very little chance of getting caught.

The ineffectiveness of the criminal justice system, as well as unethical behaviour of entrusted individuals within it, will compromise public health. The legalisation of medical cannabis will open illegitimate opportunities for these individuals, and the good intentions of legalising medical cannabis will be undermined. People would purchase licences for growing medical cannabis but sell it for recreational use. Medical cannabis programs also created a new class of illicit sellers who resell what they purchased from a dispensary, perhaps at a profit, to recreational users. Others who have the skills to grow their own plants have been able to sell at a considerable profit (Caplan, 2013). In the United State of America several cities and counties took a more conservative approach, banning dispensaries and cracking down on shops believed to be selling cannabis to individuals without state registration cards, this situation could also pose challenges in South Africa, as it will influence drugs and substance abuse while affecting the level of crime. Having a weak criminal justice system will facilitate such unfortunate misconducts.

Shaw (1996) stated that South Africa's system of criminal justice is in a crisis. If its ability to prevent, process and deter crime is any measure of its effectiveness, then reforming the system is now not only a necessity but a national priority, as he further argues that corruption throughout the criminal justice system is said to be pervasive. Corruption is a serious concern in South Africa, not only in the criminal justice system but even the government, with politicians participating in such misconduct. “of concern to the new government is growing levels of corruption” (Shaw, 1998:5).

The ideology that individuals engage in such criminal activities because they are getting very low salaries and are poor seem to be out-dated.

“Considering South Africa’s criminal and policing climate, corruption in the police is of paramount concern”. (Faull (2007:1). The issue of corruption within the South African police services is important in that it does not only undermine the occupation but also exposes citizens to environments that will make them susceptible to crime. The police are the gatekeepers of the criminal justice system; they interact with criminals on daily basis, and if the criminals can infiltrate them than the protection of the public is compromised in a very serious way. A study conducted by Bruce and Newham from the Centre for the Study of Violence and Reconciliation (CSV) found that 92% agreed that police corruption is a serious challenge facing the SAPS, while 54.3% believed that corruption had increased in the previous four years (Faul, 2007:5)

“The state has taken steps to counter the weaknesses in the implementation of anti-corruption policy, particularly with regards to the public sector. Despite these measures, key pieces of anti-corruption legislation such as the Prevention and Combating of Corrupt Activities Act, the Protection of Access to Information Act and the Protected Disclosures Act, remain poorly applied in many instances. The result is a national anti-corruption climate in which solid macro-level guidelines often break down during micro-level implementation.” (Faull, 2007).

Regardless of the several improvements made in policy and regulatory control, corruption remains problematic. Evans (2013) argues that academic studies, and other literature suggests that there are now more opportunities than in the past for drug-related police corruption. The question remains whether the problem is with the justice system or the individuals within the system, as the policies appear to be well-regarded, but implementing them continues to be a challenge. Solutions are needed that will bring sustainable stability in the criminal justice system. Legalising medical cannabis under such circumstances might bring more problems than solutions. Newham (2002) also stipulate that there are indications that bribery, protection rackets and theft were also commonplace among 'ordinary' police members. Commercial crimes are therefore perceived to be the biggest challenge South Africa would encounter should medical cannabis be legalised.

2.2.3.4 Violent crimes

Klofas and Letteney (2012: 4) noted that in the states in the USA that had legalised medicinal cannabis, property and violent crime were a major concern and that

“Medical marijuana patients have been seen as prime target for those seeking the high-quality marijuana that is dispensed to patients. In many cases, medical marijuana patients have been stalked from the moment they walk out of a dispensary and are mugged for their marijuana, either as they are walking to their car or walking into their home” (Klofas and Letteney, 2012:5).

The World Health Organisation argues that to reduce and prevent violence, society needs to address the social, familial, community-level and individual factors that increase the chances that someone will resort to violence or become a victim of violence. These factors have been well documented through research nationally and internationally (Gould et al, 2017). Improving the level of living by providing services to communities and opening more employment opportunities might assist the government minimise violent crimes that might be triggered by the legalisation of medicinal cannabis.

Evans (2013) states that dispensaries are target for violent crime and are fronts for drug traffickers and money laundering for organised crime. Some individuals will use their licenses to cover illegal dealings, and it will be very difficult to arrest them and bring them before the law, as they collude with law enforcement personnel's. According to Newham (2002), collusion between police members and drug syndicates has been recorded in South Africa. In some cases, police officials are paid by syndicates or drug dealers to use their policing powers to undermine competition from other syndicates. The relationship between law enforcement personnel and criminals can create a very dangerous environment that threatens safety of citizen, making it very difficult for people to trust police.

The debate regarding the legalisation of medical cannabis revolve around perceptions that this will elevate the number of users due to its accessibility, that people will abuse it, including the youth or under age persons, and the crime rate will increase, specifically violent crimes. There is evidence that some individuals who utilise cannabis can engage in criminal activities for various reasons

and depending on the amount of cannabis consumed. Goldstein developed the tripartite conceptual framework in 1985 to provide a better understanding of the relationship between illicit drugs and violence (Ryan, 1997). This framework gives a clear understating of when and why certain individual engage in criminal activities before, during or after intoxication.

The first aspect that he speaks about is the “*psycho-pharmacological dimension, which suggests that some people may act out in a violent fashion or become excitable or irrational as a result of ingesting drugs*”. These violent crimes are usually committed after the individual has ingested the drug. Cannabis can significantly influence a person’s psyche, therefore, consuming excessive amount of cannabis might influence their behaviours. “*The use of marijuana and opiates in moderate doses was also found to temporarily inhibit violent and aggressive behaviour in animals and humans*”. Ryan (1997) further states that there is anecdotal evidence that the dagga (cannabis) in South Africa, on occasion, has produced a contrary effect of paranoid psychosis.

Ryan (1997) noted that cannabis produces withdrawal symptoms and like any drug, these are undesirable and may cause individual to react or behave in a certain manner. As the literature indicates that most consumers of cannabis in South Africa for recreational are Black poor individuals. Having no money to maintain the addiction might force the individual to find alternative means of getting the next ‘fix’ and the easiest might be through crime. The systemic dimension of violence is violence that is intrinsic to the lifestyles and business methods of those in the illicit drug market. Systemic violence can occur at the simplest level of transaction, such as a dispute between two users sharing a drug, with violence ensuing when one thinks the other is taking more than his or her share, such as disputes over territory between rival drug dealers (Ryan, 1997). As the relationship between drugs and crime is inevitable, people are unsure about the legalisation relating to cannabis, even if only for medicinal use. The acknowledgment that it will be very difficult to keep it away from children or youth can create considerable discomfort, as well as the many challenges in the government and criminal justice system to ensure political will and criminal prosecution.

According to Shaw (1996) Government response to the drug problem has historically been fragmented and poorly funded, with no co-ordination between reactive and proactive programmes.

What needs to be explored is the establishment of a law enforcement body separate from the current police and intelligence structures that would provide leadership in the area of both prevention and enforcement. Proactive crime prevention approaches are fundamental to the long-term reduction of crime with the South Africa criminal justice system appearing to be re-active instead of pro-active. Preventing crime from occurring before it occurs is essential, with crime prevention being more difficult than combating it. Therefore, if the medical cannabis is legalised without adequate pro-active strategies in place to prevent it from being misused, its legalisation will indeed bring many challenges.

The legalisation of medical cannabis in South Africa will open opportunities for criminals to make illegitimate revenue, both the poor and the rich. Wealthy people will exploit the opportunity by engaging in commercial crimes, such as fraud and obtaining illegal licenses, using them licenses to further engage in other criminal activities. The poor and vulnerable communities will benefit little from legalisation, and instead be victims of white-collar crime. Medical cannabis patients from poor communities might experience a violation of their rights to health and access to medication, as medical cannabis products may be costly.

2.2.4 Medical cannabis in Colorado State, USA

As legalisation of medical cannabis is a new concept in South Africa, it is important to make reference to other countries that have taken the initiative to make cannabis legal for medicinal use. For the purpose of this paper the researcher will draw references from Colorado State located in the USA. According to the Rocky Mountain High Intensity Drug Trafficking Area (RMHIDTA) report (2014) in 2010, Colorado's legislature passed legislation that included the licensing of medical cannabis centres ('dispensaries'), cultivation operations and manufacturing of cannabis edibles for medical purposes. The new legislation passed was accompanied by consequences, from which South Africans need to learn regarding its implications.

Colorado experienced over 20,000 new medical cannabis patient applications upon its legalisation and the emergence of over 250 medical cannabis dispensaries. By the end of 2009, new patient applications jumped from around 6 000 for the first seven years to an additional 38 000 in just one year (Rocky Mountain High Intensity Drug Trafficking Area report, 2014). The report shows that top ten states for the highest rate of current cannabis use for all purposes, including illegal recreational use, were all medical cannabis states, whereas the bottom ten was all non-medical-cannabis states.

The study that was conducted showed that in “*Colorado, when medical marijuana became commercially available, the trend showed an increase for the proportion of drivers in a fatal motor vehicle crash who were marijuana-positive*”. (RMHIDTA report, 2014) The study also indicated no changes in accident rates in other states that had not legalised medical cannabis. Cannabis impairs driving abilities even if it is consumed for medical purposes, this effect being considerable, making it necessary to be prioritised when making changes to legislation. As with the consumption of alcohol, drivers under the influence can be a threat to other road users, who can become victims of road accidents. Colorado traffic fatalities involving operators testing positive for cannabis represented 7.04% of the total traffic fatalities, and by 2012, that number had more than doubled to 16.53% (RMHIDTA report, 2014).

“*Health records from the state of Colorado, for example, reveal that only 2% of registered patients had cancer and 1% HIV/AIDS, while 94% claimed to suffer from ‘severe pain’, a residual category that can be hard to diagnose and treat, and even harder to confirm*” Caplan (2013). This indicates that regulations in place are not sufficient to protect the youth and making sure that only rightful patients access medical cannabis, the author further stating that the age distribution of medical cannabis users appears to mimic that of recreational consumers in its concentration of young individuals.

There was a significant increase in the consumption of cannabis by younger persons, which can have considerable implications for their future. Statistics shows that “*there was a 26% increase in youth (ages 12 to 17 years) monthly marijuana use*”, and 32% increase in drug-related suspensions and expulsions in Colorado for academic school years for the years 2008/2009 to 2012/2013 (RMHIDTA report, 2014) This is another significant aspect that’s need to be given adequate

attention when legalising cannabis as it directly affects academic life. According to RMHIDTA report (2014):

- Crimes against persons increased by 18.1%
- Crimes against property decreased 8%
- Crimes against society increased 22.8%
- All other offenses increased 114.9%

There are facilities that operate under the cover of being growing facilities for licensed dispensaries and retail stores. However, the black market in cannabis is thriving, is grown on public land owned by the federal government in the state and controlled by Drug Trafficking Organizations (DTOs). According to RMHIDTA report (2014), Colorado's medical cannabis industry paid more than \$9 million in sales taxes in 2012/2013 and nearly \$6 million in 2011/2012, which, according to the report, is a very magnitude contribution. The revenue that was generated through medical cannabis was great in a way that legalisation of cannabis for recreational use was considered.

“Many dispensaries have faced a number of burglaries due to their ability to hold a large amount of marijuana at any one time. Most of the large branches of dispensaries have invested in security measures similar to a bank, with vaults, safes, front door security, and security cameras. Even with all these security measures many dispensaries have fallen victim to property related crimes. Even medical marijuana patients who grow their own source of medical marijuana have seen an increase in home robberies that target their growing operations”. (Klofas and Letteney, 2012:4).

2.3 Theoretical Framework

This section of the study presents theories applicable and used in this study; according to Grant and Osanloo (2014) theoretical framework is one of the most important aspects in the research process. Theory helps to locate the study within a particular frame of reference, therefore providing enhanced understanding of the topic at hand. The theoretical framework is the foundation from which all knowledge is constructed (metaphorically and literally) for a research study Grant and Osanloo (2014). This study drew its reference from “Social Disorganisation theory” first advanced by Clifford Shaw and Henry McKay (1969/1942) and Social Learning Theory” by Albert Bandura (1977).

2.3.1 Social Disorganisation Theory

Kubrin and Weitzer (2003) stipulate that Social disorganisation refers to the inability of a community to realise common goals and solve chronic problems. According to the theory, poverty, residential mobility, ethnic heterogeneity, and weak social networks decrease a neighborhood's capacity to control the behavior of people in public, and hence increase the likelihood of crime. Social disorganisation theory focuses on ecological (especially neighbourhood) distribution of crime and delinquency, hypothesising that is due to variation in the capacity of neighbourhoods to constrain its residents from violating norms (Markowitz F, Bellair P, Liska A, And Liu 2001). This theoretical perspective explains environmental variances in levels of crime, seeking to explain why some communities experience high levels of crime while others do not. Depending on the nature of crime committed, particular individuals might suffer severe consequences whilst some are less affected, for instance, people from suburban areas may be less affected by certain criminal activities whilst people from townships suffer tremendously.

When people are in an environment where there are very limited resources, over-population, and lack of skills and qualifications, they stand a greater chance of adopting criminal behaviour than those in the more affluent suburban areas. The environment exposes these individuals to conditions that limit their legitimate choices of generating revenue. As unemployment, poverty and crime in these communities are common, people seek other means of getting income, which are more likely to be illegal. Hence, this theory was considered appropriate as it serves to explain how the community and their social environment interact in shaping and constructing behaviour into a specific direction. Lack of visible policing, abundance and access to cannabis, unemployment and poverty all have an impact on the crime.

“Neighbourhood disorder, unemployment, and poverty inform the social norms for marijuana use and abuse. At an individual level, being from a socially disadvantaged group, having a lower socioeconomic position, or being a student or unemployed, are associated with increased use of marijuana. Legalising marijuana for medicinal purposes also changes the social context for use of the drugs” (Repp and Raich, 2014: 38).

Cilliers and Aucoin (2016) assert that unemployment, inequality, poverty and poor governance in South Africa impact upon social stability in complex ways. At the individual level, living in conditions of poverty significantly exacerbates the risk of engaging in violence due to increased exposure to violent subcultures, substance abuse and the availability of crime as a means to redress the exclusion felt through not having material goods that define social inclusion.

Kubrin and Weitzer (2003) further states that it is axiomatic that the priorities and decisions of government officials and business interests can have major effects on a neighborhood's quality of life, which vary in their capacity to secure valued services. In South Africa, the spatial, political and social organisation of societies have been extensively influenced by the pre-democracy political environment, where policies affected where people lived, what they could do, and what services they accessed. Since the advent of democracy in 1994, while many freedoms have been enshrined in law, they have not necessarily resulted in the upliftment of many rural poor communities, with global and local economics impacting on the location and availability of employment opportunities relative to their places of residence. This has continued the practice of the labour migration and high levels of unemployment in many rural, and therefore poor communities.

“The large number of unemployed youth and increased urbanisation are cause for concern as increased demand for drugs could result in competition over the income-generating opportunities of selling drugs, which can lead to violence among different individuals or groups” (Lawson and Dininio, 2013). When the drug trade is linked with violence, instability and weakened rule of law, economic growth may decline as a result of higher risks and lower investment (Lawson and Dininio 2013:14). They further argue that the inflows of illicit profits may inflate the currency and make legitimate exports less competitive.

Most South African users of cannabis are from the previously disadvantaged communities with people who experience poverty and inequalities being the major consumers. Cultivation and wholesaling at the domestic level are in the hands of rural Black African communities (UNODC 2002), these communities lacking resources, their public policing being almost invisible, and the high rate of unemployment providing many reasons for community members to commit crime. Dealing and supply cannabis happen within these communities, with some dealers selling it to support themselves and their families. Legalisation of medical cannabis might influence or fuel

the illegal dealings occurring within disorganised communities. As some people are dependent on growing and selling cannabis to earn a living, its widespread availability makes it almost impossible to regulate and prevent people from accessing cannabis.

Drug user's choice of criminal activity is guided by a number of factors, including the amount of cash or value of the acquired good, the likelihood of success and avoidance of capture, potential involvement of bystanders, and the urgency for currency, (Gouws, 2017). Disorganised communities lack social security and sufficient policing, and that will allow the free flow of cannabis, most of which will be utilised for recreational purposes, with little concern for the need to legalise it medical purposes due to its ready availability, and there by perpetrate its abuse.

The media in South Africa regularly publish reports of the abuse of power for private benefit. These abuses range from bribes involving political leaders, corporations and wealthy private individuals, to corruption that undermines the delivery of basic services in housing, education and policing (Faull, 2007). While wealthy people illegitimately benefit from such criminal offences, those from disorganised communities suffer the consequences, as it generally involves removing money from projects or systems. Lack of service delivery, education and sufficient policing greatly influence residents to deviate from genuine means of generating income as a result of having inadequate tools to access employment. These communities fall into being victims of commercial or white caller crime, and then they become perpetrators of crimes themselves.

2.3.2 Social learning theory

Behaviour is learned through interacting with others, with the societies and environments in which people are situated playing a fundamental role in constructing and shaping their behaviours. Criminality is therefore also a behaviour that people adopts by interacting with individuals from whom they learn. Social learning theory explains human behavior in terms of continuous reciprocal interaction between cognitive, behavioral and environmental influences, (Bandura, 1977). The environment in which the individual is occupying has a significant impact. *“Criminality is learned in the same manner as any other learned behaviour* (Siegel 2011:174). People learn through observing others’ behavior, attitudes, and the outcomes of those behaviors. *“Most human behavior is learned observationally through modeling: from observing others, one forms an idea*

of how new behaviors are performed, and on later occasions this coded information serves as a guide for action” (Bandura, 1977).

According to Juachon (n.d: 4), an *“individual does not start violating the law simply by living in a criminogenic environment or by manifesting personal characteristics associated with criminality, such as a low Intelligence Quotient (IQ) or family problems. People learn as they actively socialise and interact with other individuals who serve as teachers and guides to crime” (Siegel, 2011:174).* The Author further state that *“people’s contacts with their most intimate social companions – family, friends, and peers – have the greatest influence on their development of deviant behaviour and an antisocial attitude”.* *“Modeling is a principal component of social cognitive theory, and vicarious learning occurs when people observe the consequences for others' actions and adjust their own behavior accordingly. Types of modeling:*

- *Direct - from live models: actual individual demonstrating or acting out a behavior*
- *Symbolic - from books, movies, and television: symbolic model, which involves real or fictional characters displaying behaviors in books, films, television programs, or online media*
- *Synthesized - combining the acts of different models: e.g., verbal instructional model, involves descriptions and explanations of a behavior”.*

The environment people occupy has an important impact in shaping the direction of their behavior. *“Crime is a function of [an] inherent inadequacy of people in the lower classes” (Siegel, 2011:174).* In life, people have role models who inspire them, for instance, people living in areas with high unemployment and little prospect of jobs in the formal labour market may well imitate the behavior of the local drug dealers who are very successful and earning a living.

Modeling is more specific to the younger people, for instance, if a young individual is a big fan of a music artist and that artist uses cannabis, that young person might be convinced that the drug is not harmful, or it is safe to use. If medical cannabis is openly accessible and legal, some individuals might assume that it is acceptable, safe and possibly beneficial to consume it, and seeing people using it without negative consequences will convince them that it is harmless. Social learning in this regard seek to explain how individuals will be misled into consuming cannabis.

“Legalisation endorses marijuana as socially acceptable” Evans (2013:12). If medical cannabis is legalised in South Africa, people would believe that is safe to consume and will use it more freely and open, such as tobacco. Most people have no problem with tobacco use, which is regarded as socially acceptable, yet demonstrate negative attitude towards cannabis.

“Youth attitudes and beliefs that ‘marijuana is medicine’ are adversely affecting drug prevention efforts to decrease the access, availability, and perceived harm of marijuana” (Evans, 2013:13). If a person demonstrates a particular attitude towards something, that individual is more likely to demonstrate behavioural patterns that complement their attitude. For instance, if an individual shows a positive attitude towards medical cannabis, they are more likely to try recreational cannabis than a person who believe that cannabis is dangerous. Klofas and Letteney (2012) noted that with the legitimisation of cannabis as medicine in the USA, the illegal market was severely affected, especially where it is very easy to obtain a medical cannabis license and use it without pressure from legal authorities.

The media plays an important role in influencing the public, often in terms of certain behaviors, e.g. alcohol is a drug and potentially detrimental to health yet is legally advertised with no reference to its health effects, with many commercials being targeted at the youth. Lavish and affluent lifestyles are frequently celebrated in music, TV shows and movies, influencing youth attitudes (Lawson and Dininio, 2013). Advertising cannabis, even for medical purposes will contribute to youth consuming it as they will assume that it is harmless to use and even beneficial. People learn new behaviors in different ways, both positives and negative (modelling, peer pressure, observing, social interaction etc.) therefore, there is no specific way of learning behavior.

According to Lawson and Dininio (2013), limited economic opportunities, especially for the large number of unemployed youth, wealth disparity, the weakening of the traditional social fabric, and a norm of informal and unregulated economic activities may all reduce any stigma with money earned through drug trafficking. The ineffective of the criminal justice in South Africa has also influenced the perpetuation of criminal activities, and when a person is seen t not be punished for a certain behaviour, others are more likely to develop similar behaviours. *“Modeling is a principal component of social cognitive theory, and vicarious learning occurs when people observe the*

consequences for others' actions and adjust their own behavior accordingly” (Juachon, n.d: 4). The inability of the justice system to successfully apprehend criminal influences the escalation of crime, as when people engage in criminal offence, they can calculate the associated risks and benefits, and if the benefits outweigh the risks, that individual is more likely to commit crime.

Juachon (n.d) argues that various motivations facilitate the enactment of learned behaviour. People need a good reason to execute certain behaviours, with poverty and the inability to locate employment motivating individuals to deviate from legitimate means and emulate criminal behaviours to make ends meet. The ineffective of the criminal justices can also further serve as reinforcement to newly obtained behaviours. The South African criminal justice system has been confronted by challenges in terms of investigating commercial crimes as the police are not adequately equipped to investigate them, which has resulted in people who engage in such criminal activities not being punished. Gouws (2017) stipulates that user's choice of criminal activity is guided by a number of factors, and include the amount of cash or value of the acquired good, the likelihood of success and avoidance of capture.

2.4 Conclusions

The local and international literature indicates that, while legalising cannabis for medical purposes may in itself be beneficial to the end user, the broader factors associated with its production, distribution and access has complications that are not always preventable or controllable. This is of particular concern in poor communities that produce the raw product for further modification elsewhere, who may be enticed to sell it for recreational purposes to generate additional income. In the absence of effective policies and policing, this is a real possibility, such as in South Africa, where cannabis is already easily accessible. It is also used by traditional healers for health purposes, and its commercialisation and advertising as being for health benefits could further entice young people to use it for recreational purposes.

CHAPTER 3: RESEARCH METHODOLOGY

3.1. Introduction

A research methodology is a way to systematically solve a research problem and may be understood as the science of studying how research is done. This chapter details the various steps that were adopted to address the research problem as well as the logic behind them (Kothari 2004). This chapter presents the research design and sampling strategy, outlines how the researcher recruited study participants, data was collected and analysed to meet the three Objectives (Table 3.1), and the ethical considerations adhered to.

Table 3.1 Study Objectives and methods

Objective		Method
1	To explore and discuss community perceptions on the legalisation of medical cannabis in South Africa.	In-depth interviews Thematic analysis
2	To explore the likely effects of legalising medical cannabis in South Africa through the lens of a township community struggling with substance abuse and criminality	
3	To identify and discuss potential implications of legalising medical cannabis in small and vulnerable communities in South Africa.	

3.2. Research design

According to Maree and Van der Westhuizen (2007:34) “*it is essential that the researcher should give account of the methods, strategies and tactics deployed to execute a study*”. The research design is the conceptual structure within which research is conducted, and constitutes the blueprint for collecting, measuring and analysing data” (Rajasekar et al 2013:31). The study aims to explore the perceptions of the Lindelani community on the legalisation of cannabis for medical purposes in South Africa. A ***descriptive, exploratory, cross-sectional*** design was adopted to enable the researcher to obtain detailed, qualitative information regarding the topic. Qualitative research is based upon the philosophy of empiricism, follows an unstructured, flexible and open approach to

enquiry, and aims to describe rather than measure, using in in-depth understanding and small samples to explore the perceptions and feelings rather than facts and figures (Kumar 2011).

Schoeman and Lichtman (2015:11) state further that qualitative research represents the way a researcher collects, organises, and interprets information that has been acquired from humans, using their eyes and their ears as filters. This method will allow a ‘thick’ description and provide details of the issue in question, giving the researcher a clear picture and rich information of the phenomenon (Terreblanche & Kelly 1999).

Descriptive research is more concerned with describing the characteristics of a specific individual or a group. According to Neuman (2011), a descriptive study provides a detailed/ accurate picture of an issue. A descriptive interpretive design was considered appropriate, as it allows the study to describe the phenomenon studied, the information being acquired by means of personal interviews with participants through semi-structured questions. According Robert (2009: 37) “*descriptive study focusses on issues as the purpose of the descriptive effort, the full but realistic range of topics that might be considered a “complete” description of what is to be studied and the likely topics that will essence of the description*”. A descriptive design means the researcher intends to describe a situation and event.

3.3 Study area and population

To establish the opinions of poor communities, the sample was drawn from the township of Lindelani, which is located in the north of the city of Durban and is affected by poverty and crime. A person’s financial status determines the drug they consume based on affordability and access, and due to the easy access and affordability of cannabis, many people from poor communities choose to consume it. The participants of this community were selected due to their anticipated contribution to the study, as some are exposed to the reality of drug challenge. According to Dlamini and Mbonambi (n.d), Lindelani was built in the 1970s by the Durban local authority as a planned African township, the authors further assert that more than 12% of the population has had no schooling, 7% have completed primary school only, 26% have matric, and approximately 4% have a tertiary qualification. Statistics South Africa (2015) also state that the area has 125 394 people, with 46.1% of household being headed by females.

Lack of tertiary qualifications and relevant skills deprive residents from accessing employment. The area is characterised by very high rates of unemployment, poverty and crime, low levels of formal education and a lack of adequate housing and basic services (Dlamini and Mbonambi, n.d). Such conditions contribute to perpetuating criminal activities within this area. There is only one police station in this area, which makes it very difficult for the law enforcers to provide immediate and effective service to reported cases, with people having lost confidence with the police, and the relationship between them and the residents being compromised. People now take the law into their own hands to punish criminals, with mob justice having been identified as the most effective solution to curb crime within these communities, despite the fact that this is a criminal offence.

Lindelani is also struggling with the issue of drugs and substance abuse amongst the youth. Onya, et al. (2012) asserts that alcohol and other substances are easily accessible in townships in South Africa. Access to alcohol and drugs is limitless to this area, which has resulted in a high prevalence of substance dependence. The appearance of *whoonga* on the streets in 2010, a concoction of heroin and cannabis, increased considerably within townships in particular, and was accompanied by a number of negative consequences, specifically by the youth, many of whom are unemployed and resorted to crime to find the money to buy the drug.

3.3.1 Study Sample and recruitment

Kumar (2011) asserts that sampling refers to the selection of a subset of persons or things from a larger population, also known as a sampling frame. The accuracy of the findings largely depends upon the way the researcher selects the sample. The objective of any sampling design is to minimise, within the limitation of cost, the gap between the values obtained from the sample and those prevalent in the study population (Kumar 2011).

Convenience sampling was used to identify the study participants, this method relying on data collection from population members who are conveniently available and willing to participate (Welman, Kruger, Mitchell, 2005) cited on (Terreblanche, Durkheim and Painter 2006). Before being able to start with field work or data collection, gatekeepers' permission was required from the ward councillor. After permission was granted, the researcher went door-to-door in an area near where he lived requesting people to participate in a study. Based on the advice of the UKZN

College of Health Science Statistician, a sample size of 40 was required, this consisting of 20 men and 20 women. The following inclusion criteria were applied:

- both men and women
- aged 18 - 35
- permanent residents of the area

3.4. Data collection Methods

According to Brink et al (2012: 23) “*Data collection is the process of gathering and measuring information of interests and establishes systematic way that enables one to answer stated research questions, test hypothesis and evaluate outcomes*”. Furthermore, Swatboi (2013:23) contends that data collection is defined as the precise and systematic collection of information pertinent to the research topic and objectives. In the study, the qualitative data was collected using in-depth face-to-face interviews. An interview is a social relationship designed to exchange information between the participant and the researcher, and can be used with almost any type of population: children, the handicapped, illiterate or very old (Kumar 2011). The quantity and quality of information exchanged depends on how astute and creative the interviewer is at understanding and managing the relationship (Monette et al., 2008:178; cited in Kumar, 2011). The researcher is a social worker by profession, and therefore felt confident that he possessed adequate skills to building and maintain rapport with individuals.

Kumar (2011) states that interviews are a commonly used method to collect data from people, and are useful for collecting in-depth information by probing and observation. As the study was cross-sectional, it required the researcher to engage with stakeholders from different backgrounds, which required him to be considerate of various circumstances that could create barriers or limitations. The research utilised a *Semi-structured Interview* approach to evaluate the ‘pedagogical’ design (Kumar 2011). This allowed the researcher to obtain adequate information, providing both the researcher and the participant the flexibility to go into details. The semi-structured interviews included both closed- and open-ended questions, allowing the participant flexibility to elaborate their responses. In order to be consistent with all participants, the interviews started with a set of pre-planned core questions for guidance to ensure that the same topics are covered with each

participant. As the interview progressed, the participants were given an opportunity to elaborate or provide more relevant information should they so desire (Kumar 2011).

The questions were divided into sections, in line with the Objectives:

Section A. demographic detail: age, gender, occupation

Section B. perceptions on the legalisation of medical cannabis:

1. How do you feel about legalising cannabis for medicinal use in South Africa?
2. Can you tell me your thoughts and feelings on the use of cannabis for medical purposes?

Section C. effectiveness of legalising medical cannabis for small communities:

3. What impact do you think the legalisation of medical cannabis would have in small communities?

Section D. potential implications of legalising medical cannabis for small and vulnerable communities in South Africa

4. What impact do you think legalising medical cannabis will have in South Africa?
5. Do you think legalising medical cannabis will have an influence on crime?
6. What are your perceptions on the use of cannabis for medicinal purposes by persons under 18?

3.5 Data collection process

From the population approached, those individuals who were willing to contribute to the study were offered the informed consent form to read before the interview. The researcher and the potential participant set up the date convenient for the actual interview. The researcher also took the initiative to call the participant a day before the scheduled day to remind them and confirm the interview. The interviews were conducted in the participant's households to create a safe environment and within their comfort zone, which also saved them travel time.

Each person who agreed to participate was briefed about the motivation and purpose of the study, and required to sign informed consent. The researcher also took the initiative to explain the consent form to make sure it was as clear as possible, which was available in English and the local vernacular of *isiZulu*. The right to withdraw and confidentiality was ensured in the very beginning, and participants were informed that they are free to withdraw from the study anytime if they are not comfortable to continue.

The researcher used the following interview skills to ensure and facilitate smooth flow of information i.e. empathy, listening, attending and probing. These skills are important in an interview setting because they facilitate a safe environment for both the interviewer and the participant, therefore allowing an uninterrupted flow of information.

- **Empathy:** Mohapi (2010:81) described empathy as a form of communication; it includes listening, understanding and imparting to the participants understanding. It is communicated to the participants by verbal and non-verbal means. During the interview process, the researcher listened to the participants and also conveyed an understanding of what the participants had said. It is important for a researcher to demonstrate such skill to create a safe and a free environment for a participant to feel as comfortable as possible, and for a researcher to be able to look at things from a participant's perspective.
- **Listening:** According to Grobber et al. (2009), listening is an active process of receiving auditory stimuli attaching meaning to what is heard and making sense of it. The purpose of this skill is to hear, understand and remember what participants were sharing. Demonstrating the value of attention always send a positive message to participants. Listening is an important skill that allows a researcher to gain from the participants trust, as they are able to paraphrase and summarised what was communicated to confirm information and probe further.
- **Attentiveness:** According to Shulman, as quoted by Grobler (2003:128), "*attentiveness may be described as the way in which facilitators orientate themselves physically and psychological towards clients so that the clients (participants in this regard) feel sufficiently at ease to share their experiences, ideas, and emotions*". Attentiveness is the basic communication skill used by the facilitator to demonstrate his or her interest toward the participant.
- **Probing:** According to Mohapi and Schenck (2010:97) "Probing can be used where the relevance of the information is not clear, if the information is complete, or if it differs from information received previously". The researcher understood that participants might render bias response because they previously used cannabis or they are currently using, therefore the researcher was very cautious and used probing questions every time the participant deviate from the topic. Probing is a unique skill in the interview process as it facilitates the researcher to carry the interview with the help of the participants in the right direction. By

probing, the researcher gets to have an understanding of the participant's ideas, and the participants are able to talk clearly and freely.

Time is an important factor during interviews, it is researcher's responsibility to avoid time constraints when conducting interviews. All interviews were tape recorded and later transcribed to save time and ensure that the information was adequately absorbed. This allowed the researcher to pay adequate attention and focus to the conversation with participants and ensure the flow of information.

According to King (1994, cited in Kumar, 2011) the goal of qualitative research interviews is therefore to see the research topic from the perspective of the participant, and to understand why they have a particular perspective. It is important for a researcher to understand and familiarise himself with the sample group to be able to understand their opinion, the ability to step into participant's shoes allowing the researcher to have an enhanced understanding on why individuals hold specific perceptions, enabling them to probe and confirm information relevant to the study.

3.6. Data analysis

After the data had been collected, meanings had to be attached from the information. Creswell (2009:183) refers to data analysis as a process of meaning-making related to the data collected, which is an on-going process of analytical reflection on the assembled data. In qualitative studies, researchers prefer inductive data analysis, which helps them identify multiple realities (Maree & Van der Westhuizen, 2007:37). *“data analysis in qualitative research consists of preparing and organising the data for analysis, then reducing the data into themes through a process of coding and condensing the codes and finally representing the data in figures, tables, or as a discussion”* (Creswell 2013:180).

The data obtained was analysed through **thematic analysis**, this method of analysing data is a type of qualitative analysis, and is used to analyse classifications and present themes (patterns) that relate to the data. It illustrates the data in great detail and deals with diverse subjects via interpretations (Boyatzis 1998, cited in Ibrahim, 2012). The research had participants from various backgrounds who had different perspectives on the topic. Although participants come from the same community and are exposed to the same environment, their background may affect their

perceptions to the research topic and they may present different opinions. Therefore, it became important for the researcher to treat each participant as an individual and unique in order to understand their opinions. Using thematic analysis allowed the researcher to break the raw data into small manageable themes without losing critical data or content.

“Thematic Analysis is considered the most appropriate for any study that seeks to discover using interpretations. It provides a systematic element to data analysis. It allows the researcher to associate an analysis of the frequency of a theme with one of the whole content. This will confer accuracy and intricacy and enhance the research’s whole meaning. Qualitative research requires understanding and collecting diverse aspects and data. Thematic Analysis gives an opportunity to understand the potential of any issue more widely” (Marks and Yardley, 2004, cited from Ibrahim, 2012).

As this was a qualitative study within the descriptive interpretive paradigm, it was necessary to ensure that information collected was well presented, and that the researcher drew interpretations that were consistent with the data collected. Common responses from conversations with participants were identified during the data transcription, which were grouped or categorised to develop themes. Themes that emerged from the participants were then examined and compared with the findings obtained from the literature review. Coding was used to separate ideas so that perceptions or themes relevant to the study objectives could be identified, this process was followed to analyse the data collected, with the interviews and records being closely examined, and the main themes being listed. Each theme identified was given a title and they were later separated into more specific themes, which made sub-heading and were adequately discussed to paraphrase perceptions so that overall picture was produced

3.7 Ethical Consideration

“Ethics are norms of conduct that distinguish between acceptable and unacceptable behaviour” (Resnick, 2011:45). According to The National Committee for Research Ethics in the Social Sciences and the Humanities (2006) ‘research ethics’ refers to a complex set of values, standards and institutional schemes that help constitute and regulate scientific activity. Research ethics is a codification of ethics of science in practice. It is importance to abide by ethics when conducting research to ensure appropriate behaviour and protect the dignity of the participants.

A detailed prescribed application was submitted to the Research Ethics Committee of the University of KwaZulu-Natal for approval to conduct the research, with the research/fieldwork starting once this has been granted. The research was conducted in accordance with the ethical requirement as per the research ethics committee. Gatekeeper's permission was obtained from the ward councillor to conduct the research within the designated location. The councillor (gatekeeper) was adequately informed about the purpose of the study.

Kumar (2011) assert that informed consent implies that participants are made adequately aware of the type of information wanted from them, why the information is being sought, what purpose it will be put to, how they are expected to participate in the study, and how it will directly or indirectly affect them. It is important that the consent should also be voluntary and without pressure of any kind. Participants were duly informed about the conditions, their rights and the duration of the study, as well as other significant aspects.

The informed consent was presented beforehand and explained to the participants to evade unnecessary pressure, that their participation was absolutely voluntary and that they were welcomed to withdraw at any stage of the study whenever they feel uncomfortable to continue. They were also made aware that they would not suffer any negative consequence for withdrawing nor receive any rewards for participation.

The research did not deliberately expose participants to any harm and deception. The National Committee for Research Ethics in the Social Sciences and the Humanities (2006) emphasis that researchers bear a responsibility for ensuring that their research participants are not exposed to suffering. Participants should be given an opportunity to deal with any problems that might arise as a result of their participation in the project. No physical harm was experienced during the course of the study. Participants were interviewed within their own comfort spaces to minimise any discomforts. However, the researcher advised participants not to hesitate to indicate if any harm was inflicted as a direct consequence of the research.

The National Committee for Research Ethics in the Social Sciences and the Humanities (2006) state that research participants are entitled to a guarantee that all information they provide about their private lives will be treated confidentially. Researchers must prevent the use and dissemination of information that could harm individual research participants. Dissemination of private information of participants is an offence and a violation of ethics; therefore, under no circumstances should the researcher disclose information of participants without their consent. The researcher ensured anonymity and confidentiality of participants. Pseudonyms were used to protect the identity of participants.

3.8. Limitations

The following limitations are acknowledged for this study:

- As few studies on this topic have been reported on in South Africa, there was little local information with which to inform this study or against which to compare the findings.
- The participants lacked knowledge about the use of cannabis for medical purposes, and referred to it as cannabis/marijuana, this being in reference to its use for recreational rather than health purposes.
- The participants had perceived cannabis to be an anti-social drug, which may have contributed to their negative attitudes towards its use for medical purposes.

3.9. Conclusion

A cross-sectional descriptive study design was used to obtain qualitative data that was thematically analysed to obtain the opinion of 20 men and 20 women from Lindelani outside Durban. This population was selected as they are, and are exposed to various social problems, such as crime, that are related to the use and abuse of drugs in general, but cannabis in particular. Cannabis is locally grown and therefore readily available, including in this community, in which interviews were conducted to obtain an understanding of their opinions about the legalisation of cannabis for medical purposes.

CHAPTER 4: DATA PRESENTATION

4.1 Introduction

This chapter presents the study findings and is divided into two sections, the first section of this chapter focuses on biographical information of the selected sample concentrating at participant's age group, level of education, employment status and living arrangements. This information is relevant for the study as it has potential influence on individuals' perceptions and behavior. The second section details perceptions of the sample by first looking at four case studies of participants from different age groups and their opinions about legalising cannabis for medicinal purpose in South Africa and further examines how the total sample feel about such changes. Topic around medical cannabis has always been a controversy therefore, the purpose of the study was to examine the legalisation of medical cannabis and what these changes would mean to small, poor communities around South Africa.

4.2. Biographical information

The quantitative biographical data was summed and is presented in Table 4.2.1

The age groups of the 40 participants, with (n=20, 50%) being age 21-35. The majority of participants (n=22, 55%) completed high school, while (n=15, 37.5%) completed Grade 10. The females had higher educational levels than the males, with one having a post school qualification. Of the 40 participants, the majority (n=29, 72.5%) were unemployed, while (n=10, 25%) were either permanently or temporarily employed, with slightly more males (n=16, 80%) being unemployed than females (n=13, 65%). Most participants (n=27, 67.5%) lived in single parent families, these being headed by either the mother or father, while three (n=3, 7.5%) lived on their own.

Table 4.2.1 Participant's demographic details

	Level of education	Male n=20 No. (%)	Female n=20 No. (%)	Total No. (%)
Age	18 – 20	5 (25)	5 (25)	10 (25)
	21 – 25	10 (50)	10 (50)	20 (50)
	26 – 35	5 (25)	5 (25)	10 (25)
	Total	20 (50)	20 (50)	40 (100)
Education	Primary	2 (10)	0 (0)	2 (5)
	Secondary	9 (45)	6 (30)	15 (37.5)
	Grade 12 (Matric)	9 (45)	13(65)	22 (55)
	Tertiary	0 (0)	1 (5)	1(2.5)
	Total	20 (50)	20 (50)	40 (100)
Employment	Permanent	2 (10)	5 (25)	7 (17.5)
	Temporarily	1 (5)	2 (10)	3 (7.5)
	Self-employed	1 (5)	0 (0)	1 (2.5)
	Unemployed	16 (80)	13 (65)	29 (72.5)
	Total	20 (50)	20 (50)	40 (100)
Living arrangements	Extended family	2 (10)	0 (0)	2 (5)
	Nuclear family	4 (20)	4 (20)	8 (20)
	Single Parent	12 (60)	15 (75)	27 (67.5)
	Single person	2 (10)	1 (5)	3 (7.5)
	Total	20 (50)	20 (50)	40 (100)

4.3 Objective 1. To explore and discuss community perceptions on the legalisation of medical cannabis in South Africa.

This section addresses Objective 1 that being the perceptions of four participants from the three age groups about legalising medical cannabis. The interviews were conducted in *IsiZulu* and later translated into English and transcribed, with relevant content being identified as quotes for inclusion.

Case study 1: 18-year-old male participant

P15 was an 18-year-old male born and raised in Lindelani in grade 11 in the local school, hoping to study business management after school, living with both parents and four siblings, his mother being an educator in a local primary school and his father a retired pensioner. The family is originally from Ixopo in southern KwaZulu-Natal and relocated in the 1980's to seek employment. The participant was not well informed about the current debate, but was very critical in his views about the legalisation of cannabis, acknowledging that such changes would have negative consequences for poor communities and the youth. He shared that he is a cannabis user and has been consuming it for the past two years for recreational purposes.

“the call to legalise cannabis is long overdue, cannabis is a herb that was used by our great grandparents to treat various medical conditions, medical cannabis is not a new thing to Africans, we have been using it for centuries, but they labelled it as a bad thing because we were using it, so now they want us to believe its good thing because it's been westernised they want to sell it back to us. Cannabis is an herb in its natural form if you read the bible “Genesis 1:29 you will understand that cannabis is a herb”.

The participant is making claims that the verse refers to cannabis to support his argument, however, it is very important to understand that not all plants that are on the earth are edible, some of the plants might cause harm or even death if consumed by humans. He also contended that:

“People who own land, own economy, there is no place here, we are squashed in these small pieces of land, we don't even have space to put in a tent if we have ceremonies. White rich people who already own large hectares of land will benefit a lot from such legalisation. We don't own land, we will just be employees and used as usual. Yes, legalisation of cannabis will open employment opportunities for poor people, but that

will not break the chain of poverty in these communities. Government should empower and encourage black communities to own progressive businesses and support black poor communities, until land comes back to black people we will never own economy. What we might actually see is the rise of black market selling medical cannabis or more medical dispensaries break-ins and theft.

Case study 2: 24 year old female participant

P10 is a 24 year old female who was born and raised in Lindelani, had obtained a Diploma in Library and Information Studies at the Durban University of Technology, and was enrolled for a BTech degree. She and her four siblings were raised by their mother who worked as a domestic worker, while the participant was temporarily employed at a university library. The participant was informed about the topic, and reported that although she did not pay adequate attention to the debate, she did understand it. She believed that cannabis should not be classified as an illegal substance because it is a natural plant, and those who consume it do so by choice. She contended that legalising cannabis for medicinal purpose would be a great initiative to fight not only cancer but social problems as well, such as poor service delivery, unemployment and crime, as it will create employment and generate taxes.

“I support the legalisation, and I strongly believe that legalising cannabis for medicinal purposes in South Africa will bring about positive change. At the moment Cannabis is illegal and yet I know a lot of people who smoke and sell cannabis. In this area alone, I know at least 5 ‘merchants’ (drugs lords) who make good money out of cannabis. Now if the government legalises cannabis for medicine that could help our economy a bit. For instance, first and foremost, people who are suffering from cancer will have access to cannabis for their illness, which is the ultimate goal of the legalisation, but the government would also be able to deduct tax from cannabis because these people who sell cannabis illegally are not taxed because it is illegal. So, if its legalised the government would be able to tax and get more income, and if there is more income you know there are more job opportunities for the youth”.

When the participant was asked for her opinion on what influence will the legalisation have on crime she had this to say:

“There’s always a good and bad side of everything. Legalising cannabis for medicine will save lives, will create more opportunities for employment because they will need people to plant cannabis, securities, transports, laboratories, cleaners and a lot of other people and that will definitely help poor communities because they will get jobs and the government can use of the money to improve service delivery to our communities. But I would be ignorant to say legalising cannabis will stop crime, never, people are opportunist they will always see illegitimate opportunity every time. Corruption, fraud, illegal deals will increase, you know people always bribe police you know that and that corruption on its own. We have seen police coming to merchant and he would bribe them than they go away, that will be the problem. And theft as well these whoonga boy broke into a clinic to steal ARV’s and not so long ago there was a shorting between the police and three boys who hijacked the car that transports cigarette, it happened here you know, so the legalisation will fuel such events I’m afraid”.

The participant believed that legalising cannabis for medicinal purpose will create more jobs for poor people, and will have an effective role in boosting the economy of the country, but was also very concerned about crime that will be accompanied by the legalisation. Bribery, corruption and illegal dealings were identified as the challenge that will open opportunities for the recreational use and abuse of cannabis, illegitimate cannabis businesses will sell cannabis for recreational use and that will impact on more physical and violent crimes.

Case study 3: 25 year old male participant

P31 is a 25 year old male who was born at Empangeni Skhawini and relocated to Lindelani in 1999 when his parent moved to Durban to look for work, his father being deceased, and he was therefore living with mother. He was able to finish Grade 12 but did not go further with his studies due to financial constraints, having a dream of becoming a lawyer. He was unemployed and depended on his mother for financial support, who works as a domestic worker. He believes that legalising cannabis for medicinal purpose is not a good idea, as such changes will affect small poor communities who are already suffering from the negative effects of its consumption, as well as other substances.

“The legalisation of cannabis is just another strategy to make money out of cannabis, the government realised that people are making money out of selling cannabis and identified opportunity to make money out of cannabis, and that will have a negative influence on our communities. Even now, I saw some people smoking weed in public because of the high court ruling that was in Cape Town, they think that the court legalised cannabis, but that was in Cape Town. You can see already people are misunderstanding the court rule and they are already abusing it. If you look at alcohol consumption, it is the highest amongst the youth here, you see school children drunk in their school uniforms, but they say not for sale to person under the age of 18. I personally have purchased alcohol while I was 16 many times, no one ever asked anything about my age. So, with all this being said, I mean to say that legalising cannabis will have bad influence in our communities”.

Regarding the influence of legalising medical cannabis in South Africa will have on crime, he contended that:

“Even though they will say cannabis is legalised for medicinal purposes, I know those owning farms will have the way to sell for recreational use. And we will see more young people smoking cannabis and defending themselves that’s cannabis is a medicine. I always get that when they say they never get sick when they smoke cannabis. With that mentality, we will have a problem with more young people who will drop out of school, we will see more young people joining gangs, and we will see young people misbehaving because cannabis is a drug, so it will make them misbehave.

Crimes committed by young people will increase and some of those crime will be caused by intoxication”.

The participant argued that legalisation for medicinal purpose will create a false idea to young people that it is safe to consume, more of whom will consume cannabis, which will influence crime within poor neighborhoods. The participant also believed that laws and regulations will not be sufficient to prevent youth from accessing cannabis, therefore small poor communities will suffer the consequences of such changes.

Case study 4: 31 year old female participant

P3 is a 31 year old female who was born and grew up in Bergville, a rural community, having relocated to Lindelani in 2016 to seek job opportunities. She lives in a rented room (cottage) alone, and has an 8 year old boy who lives in Bergville. The participants also reported that both parents are deceased, and she could not finish school after her parents died as she depended on them for financial assistance. Since finishing school, she has been moving from one place to another to look for better job opportunities, and feels that the South African government is not doing enough for poor communities she said:

“The government would only do things that will benefit people who are already rich, the gap between the rich and the poor is way too much, more than 20 years into democracy we are still suffering from receiving the very basic services from our government. Tell me what makes you think that legalising cannabis for medicinal purpose will help you or me? Even if it is legalised, you will still not afford to buy such medications. The South African system is structured in a sense that black people do not become business owners, but just employees who should just work for a minimum wage. Let say for instance a person like me is employed by some medical cannabis business as a farm worker, considering that I do not have education and maybe they will just pay me R3500 per month, do you think I will even hesitate to steal cannabis and sell it for extra income? Legalising cannabis will just bring us more crime, the government will just put in rules and forget about us, they will say not for sale to people under specific age but we see what is happening with alcohol”.

The participant felt that the government will not do enough to protect the youth from accessing cannabis, that legalisation will exacerbate drugs abuse and crime in poor communities. She felt that the government will not be able to adequately regulate and control cannabis, as is the case with alcohol, which will result in more young people consuming cannabis. She also stressed that crimes like theft and illegal dealings will increase.

4.4 Objective 2. To explore the likely effects of legalising medical cannabis in South Africa through the lens of a township community struggling with substance abuse and criminality

Table 4.4.1 reflects the perceptions of the participants regarding legalisation of medical cannabis in South Africa. The male participants indicated a positive attitude towards its legalisation in South Africa with (n=18, 90%), while (n=14, 70%) of the female agreed that it would be a positive move. (n=5, 12.5%) did not want it legalized and (n=3, 7.5%) were unsure. Of the 40 participants, (n=32, 80%) endorsed the legalisation of medicinal cannabis, while (n=5, 12.5%) was against it and (3, 7.5%) were unsure. The majority believed that legalisation of medicinal cannabis will have positive effect in various aspects, and that South Africa should take advantage of such changes.

The table also illustrates opinions of participants regarding the influence of the legalisation of medical cannabis on the crime rate. Although a large proportion of the sample demonstrated positive attitude towards the legalisation of cannabis in South Africa, they also acknowledge that this will indeed affect crime rate. The majority (n=32, 80%) believed that crime will increase, while (n=8, 20%) maintained that this will curb crime in South Africa as it create open job opportunities for the unemployed and improve service delivery through tax incentives.

Table 4.4.1 Perceptions of the participants on legalisation of medical cannabis in South Africa

Variable	Characteristic	Males No. (%)	Females No. (%)	Total No. (%)
Should medical cannabis be legalised in SA	Yes	18 (90)	14 (70)	32 (80)
	No	2 (10)	3 (15)	5 (12.5)
	Neutral	0 (0)	3 (15)	3 (7.5)
	Total			40 (100)
What influence will legalising medical cannabis have on crime	Increase	14 (70)	18 (90)	32 (80)
	Decrease	6 (30)	2 (10)	8 (20)
	Total			40 (100)

Those in favor of the legalisation believed that legalising cannabis will allow more flexible access to medical cannabis while creating more job opportunities for young individuals in small poor communities. It was also stressed that legalisation will boost the economy, and that the government will be more proactive in terms of reducing crime through absorbing more youth in to labor market and developing poor communities to a more healthy and safe space. The thematic analysis resulted in the following themes being identified regarding the effect of legalising cannabis for medical purposes:

4.4.2 Themes emerged during execution of interviews

<i>Likely effects of legalising medical cannabis in South Africa.</i>	<i>Potential implications of legalising cannabis.</i>
<i>Access to Medical cannabis</i>	<i>Easy access to cannabis</i>
<i>Legalisation and Economy</i>	<i>Cannabis and crime</i>
<i>Creation of jobs opportunities through legalisation</i>	<i>Diversion to recreational use</i>

Table 4.4.3 *Likely effects of legalising medical cannabis.*

Access to medical cannabis
<ul style="list-style-type: none"> • <i>“According to the South African constitution, we are all entitled to quality health care, and right to life, meaning that in a democratic society people should be able to access freely quality medication of their choice”.</i> • <i>“If the Legalising cannabis will save lives then I believe it should be the priority.</i> • <i>“Cancer is more dangerous than HIV and TB, more people die of cancer, if cannabis is the solution than I do not think people should be denied the opportunity to live.”</i> • <i>“Most people from communities like this do not afford to pay for cancer treatment and they end up losing their lives maybe legalising cannabis will help save lives and maybe traditional healers will be able to provide affordable treatment”.</i>
Legalisation and Economy
<ul style="list-style-type: none"> • <i>“Legalising cannabis will have a very good impact on our economy in more ways than one, for instance, it will open business opportunities, and employment and in my understanding that will strengthen our currency since more will be generated by government through income tax from businesses and newly employed individuals”</i>

- *“Arresting people for small crimes like possession of cannabis also cost the government a lot of money, the government spend R9000 per month for each person arrested, imagine if that money was used to develop communities. Incarcerations of cannabis offenses could be avoided by providing communities with services like houses, proper roads, schools and rehabs for those addicted to drugs to avoid small crimes from occurring because we know that lack of service delivery influence crime. During development the government could employ local people to build RDP houses and local contractors; those are open opportunities for less fortunate people”.*
- *“if I am not mistaken South Africa is amongst the few countries with high amount of tax paid to government, have you ever asked yourself why tax and VAT is so expensive in our days. Because we are experiencing the highest unemployment rate meaning very few people receive salary therefore the government deduct tax from those few individuals to pay pensions, pay all people who works at governmental sector, that police, social workers, clinics and schools etc. So in all this I am trying to explain that if more people are employed then government will collect more tax, which will the help the country to have more revenue and better deal with various challenges in the country which might also help reduce crime and unnecessary spending from the government part.*

Employment opportunities

- *“legalisation will mean more young people will get jobs in cannabis businesses”*
- *“training and skills development will be provided to young people before employment and when further employed they will gain even more work experience, so I believe it will have positive influence on small communities around south Africa”.*

- *“The farm owners will hire more people to grow and cultivating cannabis, that’s more jobs for poor people”.*
- *there are many unemployed young people in South Africa and as a result we see so much crime and teenage pregnancy, if these children could get jobs and actually be busy I am pretty sure we would not have such high rate of crime and teenage pregnancy and the government would not pay millions every months for child supports grant and that money could be invested to something more concrete.*

4.5 Objective 3. To identify and discuss potential implications of legalising medical cannabis in small and vulnerable communities in South Africa.

Although a large proportion of the sample demonstrated positive attitude towards the legalisation of cannabis, they also acknowledged that there will also be negative implications. Those who were against its legalisation believe that this will not improve the lives in poor communities, and will bring more social challenges instead, as small communities will suffer negative consequences of such changes.

Thematic analysis of relevant responses enabled the results for Objective 3 to be thematically analysed, with the findings being categorised into the following four themes:

4.5.1 Potential implications of legalising cannabis.

Easy access to cannabis

- *“legalisation will make cannabis more accessible, even now there is a problem with young people smoking cannabis even within school premises, imagine if its legalised, it will be more accessible”*
- *“Already in this very community we have a problem of cannabis consumption, even in primary schools teachers have been complaining about pupils who consume ‘space muffin’ in schools.*
- *Legalisation will make it even more accessible and will also influence the mind-set of these young children that legalisation means it’s healthy if not smoked and continue baking these muffins with cannabis.*
- *Even if the government implement laws to prohibit young individuals from buying cannabis, I do not see those laws effective or at least properly implemented. I have seen under aged children on a school uniform purchasing alcohol. So accessibility is a serious issue.*
- *Cannabis is not like alcohol or cigarettes, cannabis grows everywhere and if it’s legalised people will start to plant their own and some not only for their own personal use but to also sell.*
- *“Even under the current law where cannabis is completely illegal, you find its smoked everywhere, just imagine when it is legalised for medicinal purposes, users will even use that to defend themselves before the court of law should be found in position”.*
- *Black market will also rise and most people from poor communities will buy from black markets because it would be cheaper and affordable and such businesses do not adhere to any laws of purchase so everyone will be welcome to buy provided they afford.*

Cannabis and crime

- *“cannabis will expose south Africa to various crimes... like corruption, people will either buy licenses to grow cannabis or to purchase of which we already see people buying driver’s license people have fake matric certificates so nothing will stop people from also getting licenses. And after illegally obtaining those specific documents they will illegally sell or purchase cannabis which is another criminal offence. And it doesn’t end there because these illegitimate dealers will sell to vulnerable people such as under aged people and expose them to facing criminal charges for being in position of cannabis without licence and exposing these young individuals to toxic substance.*
- *“More people will start their own undercover businesses to sell cannabis”.*
- *“Weed is a drug like alcohol and any other drugs. People who use it become addicted to it and they end up committing crimes like stealing to get their fix”. So we might experience escalation of robberies and burglaries.*
- *“I used to sing Hip Hop and always when I was going to perform live I would smoke a joint to remove shyness, and I felt amazing I was not scared at all, so I mean to say that cannabis is a drugs that can make you feel untouchable, it makes you brave, so if young person is exposed to weed at a very young age they will not be able to control the toxic effect and end up committing crime”.*
- *“If medical cannabis is legalised, local criminals would target medical cannabis patients, farms and dispensaries. We have been witnessing cash in transit robberies and last year two robbers were shot to death by the police after attempting to hijack the car that transport cigarette, I’m afraid we might see more of that if cannabis is legal”.*

Diversion to recreational use

- *“Peer pressure is a serious social challenge, most people I know started smoking through friends and then got involved in gangs, and they would fight against other gangs, some end up leaving school because it’s no longer safe to travel to school”.*
- *“Failing to control cannabis will affect young persons or the youth in complex ways. And it is disheartening to understand that the government always fails the youth in South Africa. We have globally recognised constitution and other pieces of legislations, but they are not implemented at all. Therefore, legalisation of cannabis is a bad idea to begin with. Look at alcohol for instance, how many people who sell it without licenses and how many young people are now consumers, how many criminal offenses are recorded as a direct cause of alcohol.*
- *“if cannabis is legalised young people will assume that it is okay to smoke cannabis, even now when I have conversation with people who smoke cannabis, by the way we have quite a lot in this area, you will hear them defending cannabis saying it healthier than tobacco and when you smoke it you never get sick, I therefore personally think that legalisation will not be a good idea at the moment. There are lot of thing that need to be considered before legalising cannabis, we already have a problem with woonga, and we still want to add more problems.*

4.6 Conclusion

This chapter detailed study findings, since this study focused on community perceptions it became essential for the researcher to be mindful of some biographical information that would influence Responses, therefore, this section commenced by providing biographical information of participants. major themes that were identified during research were also tabulated to enable the researcher to adequately explore each theme. Participants perceptions were successfully were presented.

CHAPTER 5: DISCUSSION OF FINDINGS

5.1 Introduction

This chapter will discuss the study findings, the data having been obtained by in-depth interviews. Interviews were conducted in *IsiZulu* to prevent any problems that may have arisen had they been conducted in English, as the participants were *IsiZulu* first language speakers, and ensured that that they could adequately express their perceptions. The data is discussed with respect to the six themes that emerged from the responses to all three Objectives and are discussed further with respect to local and international literature.

5.2 Themes emerged

During the interviews, the participants had various perceptions regarding the research topic, and while some were against the legalisation of medicinal cannabis, others had a positive attitude. From the interviews, six themes were identified with respect to all three objectives: (Table 5.1)

Table 5.2.1 Themes identified by the participants

<i>1. Access to Medical cannabis</i>	<i>4. Cannabis and crime</i>
<i>2. Legalisation and Economy</i>	<i>5. Easy access to cannabis</i>
<i>3. Creating jobs opportunities</i>	<i>6. Youth and cannabis (Diversion to recreational use)</i>

5.3 Objective 1. To establish community perceptions on the legalisation of medical cannabis.

According to the participants, legalising medicinal cannabis refers to allowing people to legally use cannabis for medicinal purposes without suffering legal consequences. Participants understood that legalisation of medicinal cannabis does not mean nor imply that it is also legalised for recreational use, however they also stated that legalisation should not be limited to western medical uses, as many rural communities use traditional medication, including cannabis, to treat various conditions. Medical cannabis is delivered in various mechanisms, which can be cannabis oil, pills and tea, while some reported that smoking it can be regarded as medicinal. The legalisation should be just and accommodate everyone in a democratic space.

5.3.1 Theme 1. Access to Medical cannabis

According to the Medicines Control Council (2016)

“Consumer and patient access to medicines and scheduled substances in South Africa is dependent on the schedule of the substance. Cannabis is a prohibited substance listed under Schedule 7 of the Schedules to the Medicines Act. However, medicines which have been registered by the MCC containing Cannabis, Cannabis extracts, and Cannabis-derived substances such as cannabinoids which are intended for therapeutic use, may be rescheduled and listed in Schedule 6 to align these products with the scheduling status of other restricted medicines”.

Participants argued that the legalisation of medicinal cannabis will allow access to cannabis products, but that it should not be limited to western medicine. The concept of medicinal cannabis is not recent in Africa, with many Black families using cannabis as traditional medicine to alleviate various conditions. Therefore, they contended that it would be unjust to legalise medicinal cannabis and not recognise the traditional value of cannabis. Under South African law, traditional healers are recognised and hold constitutional rights to practice and dispense medicine to their patients.

Mujuru and Sekhejane (2014:5) state that an estimated 72% of South Africans use traditional medicines, including cannabis, to treat various ailments. There is evidence that Africans understands the medical benefits of the cannabis plant. The legalisation of medical cannabis will facilitate the accessibility of cannabis for medicinal purpose, with legal frameworks currently in place to regulate traditional practitioners and medicinal cannabis transactions being guided by law. The legal status of cannabis in South Africa prevented medical practitioners from adequately conducting research the plant. The legalisation of medicinal cannabis will allow access for further research regarding its medical benefits and ensure open access to related medication.

Some participants contended that as medical cannabis dispensaries will be privately owned, the government could economically benefit from these businesses through tax, licenses registrations and other fees, participants argued. The legalisation of medical cannabis will not mean every sick or cancer patient will have access to it. The point stressed was that people coming from small, vulnerable communities should also be afforded the opportunity to access medicinal cannabis and not be discriminated by the financial status or their preference of medicine. It was argued that as cannabis would be delivered in various product formats, it would be expensive to compensate the manufacturing costs and to generate a profit, which might affect or deprive some individuals from accessing medicine.

P10. Argued that *“medical cannabis dispensaries would just be like private hospitals, where only the affording individuals will benefit, and the rest would have to work really hard to get medicine and some would just have to accept that they will never afford it.”*

To compensate for such conditions, it was suggested that the government should make cannabis products available from the local clinics and hospitals for free, as was the case with other medication. Participants were able to give critical responses and relate the significance of the study to their personal lives, in terms of understanding how the legalisation would affect them. Some were happy about medical cannabis, which was unexpected, given the stigma attached to cannabis by many, with most believing that accessibility will be very limited for those from poor rural communities.

5.3.2 Theme 2. Legalisation and Economy

According to Melisa et al. (2014:220), *“The National Drug Master Plan (2012-2016) estimates the costs of illicit drugs to the South African economy at 6.4% of GDP or R136 billion per year. The same document estimates that 17.2 million South Africans bore the emotional and financial burden of illegal drugs”*. The participants contended that legalising cannabis for medicinal purposes in South Africa will allow the government to control and regulate cannabis while cutting or reducing illegal drug market. During the interviews, they reported that legalising cannabis will play a role in the country’s economy. It was reported that people have been benefiting from the plant for generations, and that to some individuals and families, cannabis has been the source of income, from which they make a living, but not necessarily a large profit that would influence the country’s economy. Legitimising cannabis will allow these individuals to expand their businesses and legally plant, cultivate and sell cannabis for medicinal use to relevant stakeholders to manufacture medication. Through legal and proper channels, the government will also be able to deduct income tax from such businesses, therefore improving the economy of South Africa.

“Economic growth is not just associated with reducing poverty. There is also clear evidence for a positive link between economic growth and broader measures of human development. Economic growth is crucial for expanding the substantive freedoms that people value, such as freedom of association, with improvements in general living standards, greater opportunities for people to become healthier, eat better and live longer” (Department for international development, n.d: 6).

Participants acknowledged that in vulnerable communities such as their own are less likely to get the opportunity to grow, cultivate and sell cannabis for medicinal purposes due to lack of space and other requirements that might be required by regulatory authorities. Therefore, it was argued that Lindelani would only benefit from such changes through income tax that would be generated by the government from medical cannabis businesses, income tax is the largest source of income, and therefore, participants argued that the moneys collected would allow the government to improve services delivery to such communities.

The legalisation of medicinal cannabis will mean that cannabis should be re-scheduled, since this amendment would contradict the Medicines and Related Substances Control Act 101 of 1965, which will therefore mean that the criminal sanctions attached to it, as per the Drugs and Drug Trafficking Act No. 140 of 1992, the Criminal Procedure Act 51 of 1977 and other legislations, will have to be removed or altered. Such changes can yield positive outcomes for the country's economy. Prosecution of cannabis offenders cost the government revenue each year, meaning that the criminal justice system will no longer spend or will reduce the money spent on arresting and trialing cannabis offenders. In so doing, there will be less family disruption, fewer people will have criminal records due to cannabis offences, the government can also collect money through fining people who are in conflict with cannabis laws, and lives will be saved through its medical use.

The government will be able to save its resources by reducing criminal sanctions related to cannabis, and collect more revenue through income tax, fines, license fees, registrations and other cannabis related fees. A healthy economy will mean more job opportunities, more people will be absorbed into permanent employment, and the government would deduct tax from their gross income. The government would generate more revenue from people and could positively use that revenue to help develop families and poor communities.

The main argument of the sample is that unemployment of young individuals facilitates social ills, which consume a lot of government money. For instance, teenage pregnancy was used as reference, the participant argued that teenager's end up getting into relationships for economic gains, and in most instances with older people who are economically well off, resulting in them not having a voice in their relationship. Consequently, they cannot negotiate safe sex with their partners, and end up getting pregnant and contacting sexually transmitted infection. In such instances, the government than is mandated to assist the young unemployed mother with a child support grant.

Taking into account the number of young individuals who are incarcerated for lesser crimes, including cannabis offences, it could be argued that many individuals were not employed at the time of arrest. For instance, regarding prosecutions for possession of cannabis, shoplifting, robbery, theft etc. studies have shown a relationship between these crimes and unemployment, these

incarcerations not helping the government to reduce crime as the root cause is not addressed, and it cost the government money for them to be in jail. Budney et al (2017) state that studies worldwide do tend to find that a large proportion of people who are arrested for other crimes test positive to alcohol or some illegal substance. One study in Cape Town in 2004 found that 80% of arrestees tested positive for at least one illegal drug. The legalisation of cannabis would enable the government to reduce some of the incidents recorded as crime, such as cannabis growing and possession, which are caused by the high rate of unemployment, which will decrease the states expenditure on jails, and helps the state to generate more revenue through tax and through reducing unnecessary expenses.

5.3.3 Theme 3 Creating job opportunities

According to Cheon et al. (2017), the legalisation of medical cannabis may generate new employment markets and help individuals who might not have connections to the legitimate economy to attain economic legitimacy, as people can work within a licensed, regulated dispensary system. The legalisation of cannabis for medicinal use will open employment opportunities and contribute to the country's economy. More people could get permanent jobs, make a living be relieved from the stress caused by unemployment, while poverty and crime will decrease. According to the participants, desperation for money is the significant factor that causes people to engage in criminal activities. According to the South African Economic Analysis Directorate (2010), employment and crime rates are positively related. Unemployment leads to a lack of income, and in the absence of income, people are more likely to commit crimes.

The relationship between the unemployment rate and crime is significant, with Papps and Winkelmann (2000) arguing that if legal income opportunities become scarce relative to potential gains, crime becomes more frequent. Social Disorganisation theory encapsulates this as it contends that people from disorganised communities are exposed to the highest levels of poverty, unemployment, inequality and overpopulation, which forces them to share their very limited resources, and they become susceptible to engaging in criminal activities.

Differential association theory similarly explains how people can learn or adopt criminal behavior by imitating others or associating themselves with criminals. People from disorganised communities share a space or an environment that forces residents to look for other means of generating income rather than getting a job, as they lack the fundamental skills and education to access employment. Consequently, if a person is successful and constantly rewarded for their activities, people around them are more likely to imitate that individual. For instance, if a person sells cannabis for a living and their business is successful and profitable, other people are likely to do the same. The influence of friends and peers is essential in determining the future behavior of an individual.

According to Light, Orens, Rowberry and Saloga (2016:8):

“Legalisation of marijuana created 18,005 fulltime equivalent (FTE) jobs in 2015. Among those jobs, 12,591 were employees directly involved with the marijuana business, either in stores and dispensaries, cultivations, or infused product manufacturing operations. The remaining 5,414 full-time equivalent positions were generated by intermediate input purchases made by the cannabis industry for general business goods and services, and through general spending by marijuana industry employees and proprietors. These jobs include security guards, indoor agriculture specialists, trimmers, management, commercial real-estate agents, construction and HVAC specialists, consulting, legal, and advisory services, and other business services”.

South Africa is confronted by an issue of youth unemployment, and the legalisation of cannabis for medicinal purposes could play an important role in combating this challenge. Legalising medical cannabis will be an important step in combating unemployment as people could be trained and absorbed into cannabis businesses. Successfully absorbing individuals into employment will further equip such individuals with necessary skills and experience that will allow and broaden their chances of applying for other employment opportunities.

5.3.4 Theme 4. Cannabis and crime

Understanding the relationship between medical marijuana and crime may contribute to the creation of effective regulations or policies to deal with medical marijuana (Cheon et al., 2017). Small, vulnerable communities are likely to be exposed to an escalation of drugs related crimes due to legalisation of medical cannabis, with Lindelani being confronted with the issue of such criminal activities. Community members reported illegal cannabis dealing and consumption, and some noted that they have been mugged by cannabis and whoonga addicts. Participants believe that small communities will suffer a lot more consequences of the legalisation if proper regulations and policies are not implemented. Crime was identified as a major challenge these communities will be confronted with should cannabis be legalised for any purpose.

“Legalising medical cannabis may influence an individual’s criminal behavior. For instance, medical users may acquire marijuana for nonmedical purposes and abuse it. In addition, medical marijuana laws may inadvertently expand the illegal marijuana trade between medical users and people who want easy access to marijuana” (Cheon et al 2017:3).

This new policy change is accompanied by inevitable criminal opportunities that could possible exacerbate cannabis consumption. According to the Social Disorganisation theory, poverty, residential mobility, ethnic heterogeneity, and weak social networks decrease a neighborhood’s capacity to control the behavior of people in public, and hence increase the likelihood of crime Henry (2017). The theory asserts that people from disorganised communities are more likely to engage in criminal activities due to the environment they occupy, this being due to the fact that they are confined in an environment with very limited resources. According to this study, people from disorganised communities might see a window of opportunity in the legalisation of cannabis to escape poverty therefore perpetuating crime and exacerbating cannabis abuse.

The Differential Association theory, according to this study, examines the socio-economic challenges confronting small poor communities as well as the ‘ineffectiveness’ of the criminal justice system to deter crime. The perception that the criminal justice’s system is not effective enough in prosecuting offenders would allow or attract more people to the cannabis business. People are more likely to adapt into criminal activities if their chances of getting punished are slim.

Consequently, people would start illegitimate cannabis businesses and that would attract more people if they go unpunished.

These two theories are interconnected in this study in the sense that people from disorganised communities who suffer various challenges, such as poverty, unemployment and crime, and would use the legalisation of medical cannabis as their escape plan from such conditions. They may therefore start illegal businesses and crime would increase in these communities. Lack of visible policing, corruption and bribery of the police officials would facilitate crime. Some people would imitate those who already own successful cannabis business and possibly also embark in illegal dealings. Owning a successful business with a high demand people is more likely to result in people imitating that person and starting a similar business.

a. Commercial Crimes (White Collar Crimes)

Participants identified commercial crimes as a potential challenge to new policies about legalising cannabis for medical purposes. Most participants described corruption and bribery within the governmental structures and law enforcement agencies as the most threatening crimes, which have multiple victims. This perception illustrates the lack of trust and unity between communities and authorities, with participants indicating their dissatisfaction of service delivery from law enforcement officials and local municipality.

Commercial crime has a considerable impact on the economy, trade, and society at large. Individuals, businesses, organisations and government suffer the consequences of these crimes, which are committed for financial gain and include fraud, theft, forgery, corruption, tax evasion, embezzlement, money laundering and racketeering, as well as facilitating, receiving and possessing the proceeds of crime (Budhram and Geldenhuy, 2017).

P35: nepotism, bribery, corruption as well as networks dominates South Africa at all levels nowadays. We can't get jobs because we are not connected, and we do not have money to bribe, the South African system is messed up. If you are economically liberated in South Africa, you stand greater chances in everything.

The participant referred to the recent cases of the unjust distribution of tenders to support the argument. He asserted that people who are connected and have mutual relationships with politician or high-profile people will get tenders to grow and cultivate cannabis while the general public remains empty handed. He argued that parties accountable for issuing licenses will be bribed to handout permits to favored individuals, who will deviate from selling cannabis for medicinal use and end up distributing it for recreational use.

The media in South Africa regularly publishes instances of the abuse of entrusted power for private benefit. These abuses range from bribes involving political leaders, corporations and wealthy private individuals, to corruption that undermines the delivery of basic services in housing, education and policing Faull (2007). Commercial crimes have a great impact on the development of the country's economy and provision of services to communities. These crimes therefore have multiple victims who are deliberately deprived of basic services, and their constitutional rights are also constantly infringed.

The South African Police Service (SAPS) and other state law enforcement institutions appear to have inadequate resources or technical expertise to cope with commercial crimes (Torre, 2008). This area of crime is very complex, the crimes being committed by trusted individuals who are economically liberated and a certain level of power. They use their intellectual capacities rather than physical force, which makes it more difficult for the justice system to cope with, as evidence is prioritised when dealing with criminal cases and the system lacks adequate resources to investigate such offences.

“The South African Police Service (SAPS) struggles to protect victims from commercial crime that threatens the economy, corrodes scarce and valuable resources, and inhibits growth and development. Official SAPS statistics show that the annual detection rate in respect of reported fraud cases was 35.77% in 2014/15 and 34.08% in 2015/16. Although the detection rates for serious commercial crime are reported as 94.8% for 2014/15 and 96.75% for 2015/16, it is likely that these figures are inaccurate and, in reality, much lower” Budhram and Geldenhuy (2017:131).

Some of the participants argued that small communities will not benefit from the legalisation of medical cannabis in South Africa, but that only the rich and big corporations will benefit, and that people from small, poor communities will be exploited to work on the crops for a minimum wage. People with power will benefit from being able to grow cannabis, as noted by Participant 2:

People would use their political as well as economic powers to illegitimately get medical cannabis licenses and some of those people might use those licenses for all the wrong reasons. For instance, they would take an amount of cannabis and sell it for recreational use to generate more extra income since that income won't be taxed.

If medical cannabis licenses get into the wrong hands, communities will suffer negative consequences, mainly people from small, poor communities, according to a study conducted by Country Profile: South Africa (ODC, 2002), which reported that although increasing social ethnic integration is evident, the medication consumption markets of South Africa remains ethnically differentiated. The extreme income inequalities between the different broad ethnic segments affects medication affordability and thus consumer choices. Multiple aspects of the environment or context in which substances are available (e.g., neighborhood socioeconomic status, cultural factors, societal norms and laws, marketing and advertising) exert an impact on the age of onset, probability, frequency, and amount of use, and problem development (Bickel and DeGrandpre, 1996) cited on Budney and Borodovsky (2017). It is therefore apparent that most consumers of cannabis are from small poor communities since it is cheap and affordable.

The legalisation of medical cannabis is a legitimate call in South Africa, however, it was also realised that public safety would be compromised, as its widespread availability and use could be contaminated by entrusted individuals. The South African criminal justice system is failing to combat the issue of white-collar crime effectively for various reasons. For instance, within the justice system there are personnel's who hold offices yet work with drug dealers such instances will exacerbate cannabis consumption.

Shaw et al (2016:28) states that “drugs play a major role in encouraging or facilitating police corruption, the fact that the police face strong incentives to maximise the number of arrests for relatively minor drug crimes, combined with the fact that the drug economy is cash-based, make for ideal conditions for petty corruption. This not only undermines positive police culture and public legitimacy but can escalate into more serious and deadly incidents of corruption such as the recent case in which senior officers were found to be selling confiscated firearms into communities”.

The criminal justice system would have a major role to play regarding regulating and ensuring that all transactions are consistent with the law, but as there is a lack of ethical behavior within these individual, South Africans would be running a risk of getting exposed to negative consequences of the legalisation. Fraud, bribery and corruption are a major concern in South Africa, not only within the criminal justice system but almost everywhere, from governmental to community service levels.

The question of public safety became important, with most participants being more concerned about people obtaining their licenses through bribery or fraud.

Shaw (1996) stipulates that corruption is a result of poor control, management and training within the system. His argument complements those of Newham (2002), who contended that police corruption was identified as a key obstacle confronting the police in achieving their goals. Therefore, there are two major challenges currently overshadowing the success of the criminal justice system, these being unethical behaviour (corruption) as well as a lack of resources to effectively deal with crimes. The criminal justice system can therefore be regarded as unreliable, and if the law is not adequately enforced and the regulation of medical cannabis is inconsistent, South African policy makers need to consider of the negative consequences of its legalisation.

(P5) “Police and criminals have a good relationship” argued, that police protect criminals because they pay them, with some police officials working with criminals. The participant shared her own experience during the interview, that she used to sell alcohol without license, the police would come to her house, she would give them some money and they would go, which she contends is never a good thing.

From her experience, it became apparent that law enforcement in some instances plays a significant role in perpetuating crime by simply turning a blind eye or taking bribes from offenders. Police corruption is another significant aspect that demands attention and needs to be considered with the legalisation of cannabis, as it could be used for non-medical purposes. South Africa is currently struggling with various challenges, including socio-economic difficulties, which exposes individuals to conditions that make them vulnerable to crime. Having economic challenges will force individuals to identify opportunities that might be illegitimate and undermine the core purpose of the legalisation of cannabis.

b. Robbery, Burglary and Theft

Participants were convinced that incidents of armed robberies would increase, and would increase the already serious situation in South Africa, specifically cash in transit and business robberies. The participants felt that such offences would increase drastically if cannabis is legalised. Participants were concerned that the South African Police services do not respond to armed robbery incidents efficiently, and criminals always get away with such crimes.

P15: Police are scared of criminals, they can take 2 to 3 hours to arrive at a crime scene, they know criminals carry heavy ammunition they have AK 47's and R5's. Police are not adequately trained to deal with such situations.

This participant raised the concern about inadequate police training, and that their recruitment methods need to be examined. Police are not trained to deal with heavily armed criminals and they need the assistance of a special task force, which is a problem, as waiting for them can be time-consuming, which allows the criminals to flee. The police need to be adequately prepared for such situations.

We would need Special force to guard medical cannabis dispensaries, to protect transportation of cannabis and to protect various medical cannabis businesses (P15).

The participants were concerned that armed robberies of cannabis could occur during its transportation, that criminals might hijack the vehicles to access large quantities of cannabis. As with cash-in-transit robberies, South Africa might see similar robberies, with cannabis being the new focus. The Cannabis would be sold on the black market, where it would be cheaper, and large amounts of revenue would be generated, but no takes paid no regulations adhered to, which would result in many people preferring to buy it on the black market.

Medical cannabis businesses would be required to have high security and surveillance, similar to banks, which therefore means that criminals would need to be adequately prepared to intrude to such spaces. Medical cannabis dispensaries would also become a target, because they will stock large amounts of cannabis and medical cannabis products. Medical cannabis oil (mediocre quality oil) is very expensive and reported to cost R3500 for 5ml, with the suggested amount to treat cancer being approximately 90 grams in 90 days, which amounts to R63 000, at R700 a gram.

Medical cannabis patients are also perceived to be victims of common robbery and burglary. Participants believed that if medical cannabis is legalised, more people will be addicted to cannabis, especially those who are not working, and they would resort to criminal activities in order to maintain their addiction. These individuals are likely to target medical cannabis patients. Shaw et al (2016:27) reported that 77% of households surveyed believed the primary motivation of burglars was in order to meet their 'drug-related need.

P13: cannabis is a drug and addictive and most people I know who smokes cannabis are not working and it's become a problem to maintain their habits. Some start up by using cannabis and graduates to whoonga which is much harder.

The participant implied that cannabis is a gateway drug, and that due to its widespread availability, people easily access it, often being the first drug, they encounter, and a stepping stone to much harder drugs. Whoonga is a street drug that became widely available in South Africa in 2010 and is consumed through smoking or being mixed with cannabis. This problem associated with the drug broke up many families and relationships, increasing a

number of street children, which facilitated the increase of burglary, robbery and theft perpetuated my whoonga addicts who are commonly referred to as “*amaphara*”.

(P25) “We will also have people who will just steal cannabis to sell to support their families”. It is important to understand that some people sell cannabis for a living, they mean no harm to anyone but due to lack of skills and education they are forced to resort to selling cannabis. These individuals do not meet the requirements to legally acquire medical cannabis licenses, and may or may not be employed, with selling cannabis being an important source of income. The participant also assert that if people from small communities who lack skills and education are recruited and employed, they will be paid a minimum wage and are likely to steal cannabis at medical dispensaries or in the field to sell to earn an extra income.

“It is easy to stash cannabis, people who work at dispensaries or plantations might steal bit by bit until they have enough to sell” P25.

P10: “People who will be working at the medical cannabis plantations and dispensaries might steal cannabis and sell it for their own benefit. Levels of crime in South Africa are high and people are opportunist, if cannabis is at their disposal and they have the opportunity to steal and sell, they would do that without being hesitant.”

In light of the above perceptions, it might be concluded that levels of armed robberies, common robbery, property crime and theft might increase. An average of 53 businesses (including schools and churches) per day reported being robbed between April 2014 and March 2015. This equates to 19 170 business robberies in one year, which is an increase of 3.2% compared to 2013/14. This crime has consistently increased in the past 10 years and it is now 421% higher than it was in 2004/05. Approximately 204 business burglaries were recorded per day (Coetzee, 2016). The author further states that cash-in-transit crime rose by 39% in 2015. These statistics underscore the risks of having high volume of cannabis. Cannabis sales might generate considerable revenue, and criminals might target and pay attention to medical cannabis businesses. Consequently, the above-mentioned crimes are likely to increase, which will affect many people, and many medical cannabis patients could become victims of these specific crimes.

5.3.5 Theme 5. Easy access of cannabis

The ease or difficulty of accessing an intoxicating substance has an obvious, but often underestimated, influence on individual and population-level substance use initiation, frequency and amount of use, and consequently the risk of developing a substance use disorder (Budney and Borodovsky 2017).

Medical cannabis will only be accessed by patients who have a doctor's certificate to provide it, or through a doctor's prescription. However, patients might buy medical cannabis to re-sell it for recreational use within their communities to generate income. Cheon et al. (2017) found that medical users were more likely to engage in drug selling, which would pose a serious challenge to controlling cannabis. Failing to regulate and control cannabis and might result in it being easily accessibility and influence it be diverted for recreational use.

According to Shaw, Howell, Faull, and Kriegler (2016:24) The SAPS 2013/14 report notes that the reporting period saw seizures of 196 000kg cannabis the report also declares that the year had seen the SAPS Cannabis Eradication Programme destroy a total of 714 hectares of cannabis plants valued at R499 800 000. Availability and accessibility of cannabis is a serious concern regarding legalisation.

Most participants believed that it would be very difficult to keep cannabis away from youth due to its abundance, crime and corruption. According to Rocky Mountain High Intensity Drug Trafficking Area (RMHIDTA) (2015:44) "One dispensary owner claimed to be a primary caregiver to 1,200 patients". Such instances will allow individuals to have easy access to cannabis, therefore, increase the number of cannabis users. To undermine competitors the medical cannabis dispensaries will sell cannabis to illegitimate customers to generate more revenue.

According to the RMHIDTA (2015), medical cannabis new patient applications jumped from around 6,000 for the first seven years to an additional 38,000 in just one year. Actual cardholders went from 4,800 in 2008 to 41,000 in 2009. By mid-2010, there were over 900 unlicensed marijuana dispensaries identified by law enforcement. It is apparent that South Africa would not be able to control and regulate cannabis dispensaries, the legalisation will result in the increase of used and abuse. Diversion to recreational use is anticipated to be a major challenge, especially amongst the youth.

The easy access of cannabis is a major challenge, as it is anticipated to be associated with numerous challenges that will undermine the anticipated beneficial outcomes and facilitate crime. Young individuals are perceived to be the cohort most at risk, the abuse of cannabis and other psychoactive substances or drugs continues to be a major problem, causing immense suffering to individuals, families and communities and costing the national economy severely Stein (2016). Therefore, very strict rules will need be attached to the legalisation of cannabis, which are currently inadequate in term of law enforcement, work and business ethics. Participants also argued that access to cannabis by illegitimate individuals (under age) is a great challenge and will be very hard to regulate. South Africa should find ways to rectify or address such challenges, as it is evident that regulating cannabis would be very difficult.

5.3.6 Theme 6. Youth and cannabis (Diversion to recreational use)

According to Hall et al (2016:58) The National Survey of Youth Risk Behaviour indicates that 12.8% of South African students in grades 8–10 (13–15-year-olds) have used cannabis, and 9.2% did so in the past month (Bhana, 2015). A study of young people in grades 8–10 in the Western Cape in South Africa found lifetime use of 23.6%. The South African Stress and Health Study (SASH) surveyed over 4000 adults aged 18 years and up in a household survey and found 8.4% lifetime use. Already South Africa is confronted by the issue of cannabis consumption by the youth, legalisation of cannabis would fuel the already overwhelming cannabis consumption.

The study that was conducted by RMHIDTA (2015) also state that, between pre- and post-commercialisation of medical marijuana, there was a 24% increase in youth (ages 12 to 17 years old) and a 17% increase in college-age (ages 18 to 25 years old) monthly marijuana use. There are various challenges confronting people who utilize cannabis at a very young age. It affects an

individual psychologically, academically as well as socially. Participants reported that most individuals who use cannabis engage in ant-social behaviour and often associate with corrupt persons, miss school and sometime smoke cannabis within the school premises.

P9: “If a young person consumes cannabis for either medical or recreational benefit through smoking, that individual is running a risk of getting addicted to cannabis”. Hall, Renström, Poznyak (2016:12) also report that the number of persons seeking treatment for cannabis-use disorders and associated conditions has increased. Cannabis is now the drug of primary concern in a significant proportion of treatment.

Cannabis legalisation will have long-term effects for certain individuals, making it important to look at the consequences for instance if young person’s engage in cannabis and end up dropping out from school *“The amount of marijuana use/sales has climbed since it became legal for legal users. Students use on a break/lunch and cannot return to class, therefore the truancy rates are high”.* Daily users of marijuana prior to the age of 17 are 60% less likely to complete high school or get a university degree than those who do not use marijuana (RMHIDTA, 2015).

“Studies also shed light on marijuana’s implications for public safety. Short-term and long-term use are known to cause cognitive impairment affecting sensorimotor functioning, attention span, memory, self-control, learning, and educational attainment” (Evans 2013:54). Person with no tertiary education might end up unskilled, which will make that person vulnerable to poverty and force then to engage in criminal activities in their future life to make ends meet.

Since the legalisation of medical cannabis in Colorado, it was discovered that the most common violations on school campuses are possession and being under the influence of cannabis during school hours, with a 40% increase in drug-related suspensions and expulsions in Colorado from school for 2008/2009 to 2013/2014 (RMHIDTA, 2015). These factors play an important role in understanding people’s behaviour in terms of their likeliness to break the laws. Learning criminal behavior is a process, people start by disobeying the law and committing small serious crimes and end up committing much more serious ones. When P5: was required by an interviewer to give his personal opinion on the question on how legalising medical cannabis will have influence cannabis consumption? He responded:

“The legalisation of medical cannabis precisely is a good call and people who suffer from various medical conditions will significantly benefit. However, when you look at the South African context we will suffer a lot. Currently we are battling with the issue of whoonga and the government is not doing much to curb the issue and these whoonga smokers victimises us almost in our daily basis, they steal, they rob us on our way to work and the police do not arrest them which make the community very angry and take law to their own hands. Mob justice is not good at all because it is a criminal offence on its own, but it helps because we are able to retrieve our stolen goods. So, if it’s legalised we will have more people who uses cannabis especially youth and they will steal money to buy cannabis and they will misbehave after consumptions and end up engage in criminal offences”.

The general concerns raised by all participants was that the legalisation of cannabis for medicinal use will increase the number of recreational users and consumers will end up abusing cannabis, that its use will negatively affect public health, especially in regard to our youth. Cannabis use has been linked to multiple short-term and long-term consequences including impairment in short-term memory, motor coordination, altered judgment, acute paranoia or psychosis and risk of chronic psychotic disorders, altered brain development, poor educational and vocational outcomes, and the development of cannabis addiction (Hall, 2009; Volkow et al., 2014) cited on Budney and Borodovsky (2017). Since the message that “marijuana is medicine” with no adverse effects has been popularised, perceived harm for smoking marijuana has steadily decreased. Its ongoing unregulated use will result in teens who use marijuana being more likely to engage in delinquent and dangerous behavior (Evans 2013:97).

Cannabis was illegal in South Africa when this study was conducted, yet people had unlimited access to it. During the writing of this document, it was legalised for personal use, which could not be accommodated for in the data collection phase. When it is legalised there will be abundance of it, and the black market will exploit the opportunity to access high quality cannabis. Small poor communities would be the main target market for drug dealers, as they might sell cannabis for a more reasonable or affordable prices. The negative connotation currently attached to cannabis

would change due to the fact that it could be used as medicine. Consequently, young people would use cannabis and argue that it is for medicinal.

5.4 Conclusion

The participants had a range of opinions about the advantages and disadvantages of legalising cannabis for medical purposes. While it was felt that its legalisation would create job opportunities for many currently unemployed people, the youth in particular, there were concerns about its regulation, increased access for recreational use, and the resulting crime as the demand increases. They were particularly concerned about its impact on it being a start-up drug for heavier substances, the effect it would have on school attendance and its availability on the black market. They felt that small, poor communities would benefit little from its deregulation, as they did not have the means to start crop production, manufacture it for medical use, and become part of its distribution or sales network.

CHAPTER 6: RECOMMENDATIONS AND CONCLUSION

6.1 Introduction

This chapter will present conclusion and recommendations based on the study findings. This research was conducted with the aim of examining community perceptions on legalising medical cannabis in South Africa and what these changes would mean to vulnerable township communities, such as the town of Lindelani in KwaZulu-Natal Province. This chapter reviews the participant's opinions about their perceptions regarding legalising cannabis and the potential implications of legalising medical cannabis in South Africa and makes recommendations for future research on the topic and areas that need to be addressed should this become a reality.

6.2 The likely effects of legalising medical cannabis in South Africa

Lindelani is affected by high crime rates, poverty and unemployment, with the participants indicating that the legalisation of medical cannabis will not only impact the lives of those suffering from medical conditions, but also assist with decreasing poverty and unemployment. Participants argued that if cannabis is legalised for medicinal purposes, many young people who are currently unemployed would be afforded opportunities to secure employment.

The legalisation of medical cannabis would provide job opportunities, such as security guards, store attendants, cleaners, consulting, legal and agricultural advisory services, construction, and other business services. These opportunities will not only provide employment but will also provide young people with skills and experience that will enable them to be employable in other sectors, allowing youth better prospects of entering the labour force and job market. A more stable national economy would mean that the government generates more revenue through income tax and value added tax, thereby allocating adequate funding to community development. The state would provide much needed services to poor and vulnerable communities, improve infrastructure and thereby generate jobs.

The Lindelani community suffers from high level of crime as a direct result of their socio-economic environment, and the resulting unemployment and poverty. The participants believed that providing employment would reduce poverty and crime, even if it was by legalising cannabis. As the economic socio-environment was perceived to have an important role in facilitating criminal activities within these communities, participants argued that crime could be avoided through better basic service delivery, such as ensuring that people have housing, proper roads and streets lights, water and treatment centres for drugs addicts. They reiterated that better service delivery would serve as a proactive tool for combating and even preventing crime through sound environmental designs.

The main concern raised by participants is that people, especially youth, might misunderstand legalisation, or assume that it means that consuming cannabis is safe and allowed. This was regarded as a significant issue to be addressed, as they believed that it could increase cannabis consumption rate and abuse. Controlling and regulating cannabis is essential to ensuring that legalisation does not exacerbate the already alarming use of cannabis and abuse within these communities.

6.3 Potential implications of legalising medical cannabis in small and vulnerable communities in South Africa

The legalisation of medicinal cannabis is also problematic, as indicated by the participants, being widely consumed as a drug in South Africa despite its illegal status, and the criminal justice system having been working hard to ensure that all persons who contradict the law face appropriate consequences. With all the attempts made to combat the issue of cannabis abuse and other substances, it remains a widely used illicit substance globally. The notion of legalising cannabis for medical use will exacerbate recreational use of cannabis and further fuel drugs related crimes in particular. Participants were of the opinion that if cannabis is legalised for medical purposes, consumption for recreational purposes would increase, especially among young individuals. Participants argued that cannabis is widely accessible and cheaper than other narcotic substances, therefore, the police might be confronted by a challenge with respect to controlling and regulating the availability use of cannabis.

The study also revealed a correlation between the legalisation of medical cannabis and school dropout rate. A number of cases were reported in schools of students who used cannabis within the premises, with some learners dropping out. Cannabis legalisation was regarded as having the potential to have a negative influence and pose a major challenge to the education system. Student's academic performance could be affected, which could result in more young individuals leaving school without completing their schooling and will therefore not be able to access tertiary education. This will make it difficult to obtain skills to secure employment, which will prolong the chain of poverty and crime.

Their primary concern regarding the legalisation of medicinal cannabis in disorganised communities was the inevitability of crime. In this study, most participants held strong perceptions that the legalisation will negatively influence crime in within poor communities in South Africa. Commercial crimes (including fraud, bribery and corruption) were identified by participants as serious threats. They argued that the South African government is already confronted with this issue of corruption, and that legalising cannabis would provide more opportunities for illegal activities. It was discussed that people find way to manipulate the system, such as bribing an official to obtain a cannabis growing or consumer license, to sell cannabis or avoid arrest for breaking the law and possessing fake licences. The conclusion made by participants was that should such misconduct occur, it would be very difficult to ensure public safety and to regulate cannabis, as access to cannabis would be very easy, and the majority of consumers would be within these communities and they would become targets of illegal dealers.

Violent crimes such as robbery, theft and burglary were also perceived as high risk, and that criminal activities are closely connected to cannabis dealing, trafficking and consumption. Cannabis consumption in Lindelani is very high, with participants reporting that they have been mugged and their houses broke into by allegedly cannabis and whoonga addicts. The argument is that if cannabis is easily accessible, communities will experience an escalation of such criminal activities.

There were a number of anticipated challenges regarding legalising cannabis, and more research in needed to establish its consequences for medicinal purposes in South Africa. An amendment of such a nature requires examining the risks and benefits. Various legal frameworks should also be reviewed and amended to accommodate and complement any changes. South African government, the criminal justice system, the medical cannabis council and other relevant bodies should work together to develop measures to prevent abuses. South Africa suffers from various social ills, including poverty, teenage pregnancy, HIV and AIDS, high rate of youth unemployment, all of which are affected by the abuse of cannabis

6.4 Recommendations

The participants established that legalisation of cannabis would require various policy changes, which will affect how cannabis is perceived. The following recommendations were motivated by the participant's perceptions regarding how legalisation could affect accessibility and increase recreational consumption and abuse.

- **Develop New Legislations**

Inappropriate policy choices and inconsistent governance exacerbate economic decline, thereby increasing conditions for social instability (**Cilliers and Aucoin, 2016**), making it essential to ensure that new policies are carefully examined and adequately researched to evade or minimise such shortcomings. Amending the legislation and legalising cannabis for medicinal purposes in South Africa should require policy makers to review all other legislatures pertaining to cannabis as an illegal substance.

- **Re-scheduling cannabis:** In South Africa, cannabis is a schedule seven (7) drug, which means that it has no medical benefits and users are at high risk for dependency, therefore it is a prohibited substance under the Controlled Substances Act, the Medicines and Related Substances Control Act 101 of 1965, the Drugs and Drug Trafficking Act No. 140 of 1992, and The Prevention and **Treatment of Drug Dependency Act 20 of 1992** (as amended).

As it has been realised that cannabis carries valuable medical benefits and it is not a hard drug such as Heroin, it has become necessary to re-evaluate cannabis to ensure that it becomes accessibility for medicine and associate research. However, rescheduling cannabis would mean that the criminal sanctions attached to it should also be reviewed.

- **Traffic Policing:** Cannabis impairs driving ability and confers a higher risk for motor vehicle accidents. In experimental settings, cannabis impairs psychomotor skills and cognitive functions associated with driving, including vigilance, time and distance perception, lane tracking, motor coordination, divided attention tasks, and reaction time **Madras (2015)**. Traffic policing should develop strategies to ensure that people do not drive under the influence of cannabis, as it would put their and other people's lives at risk. **Gould et al (2017)** asserts that when cannabis is administered by means of inhalation by smoking or vaporisation, it releases maximal levels of THC into the blood within minutes, peaking at 15-30 minutes, and decreasing within 2-3 hours. Therefore, people should only be allowed to drive after 4 hours 30 minutes - 5 hours. People who drive under the influence who have relevant documentation to take medical cannabis should be kept in custody until it is safe for them to drive and be fined for putting other people's lives in danger.
- **Commercials and Prohibited age of Purchase:** Legalising cannabis could result in advertising campaigns for its use, some of which might be directed toward adolescents. Control measures to prevent advertising to young people should be implemented (**Joffe, and Yancy 2004**). Medical cannabis legalisation should be accompanied by very strict rules, for instance, products should not be advertised in the formal media, and that if people want to check products on the internet, they need to confirm their age by means of their identity number. Patients should have medical cannabis license and doctor's prescription at their disposal to access the products at any relevant dispensaries. Patients must not be attended to should they fail to provide appropriate documentation for any reason, while those below the age of 18 should also provide necessary documentation from guardian. "Implementing and enforcing laws, such as those limiting access by young people to cannabis. All medical cannabis patients should be supervised by a qualified doctor and that should be a mandatory requirement.

- **Reforming the Criminal Justice system**

The current criminal justice system is affected by various challenges that affect service delivery to communities and would need to be reformed to adhere to the changes to the legislation. The government would rely on the criminal justice system in terms of ensuring that all medical cannabis transactions are consistent with the law.

- **Recruitment:** The current recruitment strategy should be reviewed, especially within the South African Police Service (SAPS), as this department is the most affected sector within the justice system with respect to unethical behavior, which results in crimes such as fraud, bribery and corruption. All newly employed law enforcers must demonstrate an understanding of ethical behavior, specifically with respect to any changes in legislation regarding cannabis use.
- **Development Training programs:** The South African government in collaboration with the South African criminal justice system should provide development programs and training for police should cannabis be legalised for medicinal use. The SAPS are not well equipped in terms of preventing, combating and investigating commercial crimes, which could increase under new cannabis legislation.
- **Protection and Private security services:** Private security services also have a role to play to ensure that cannabis cultivation centers, dispensaries and transportation are well protected. The government should consider funding private security companies and offer training so that all participating companies demonstrate relevant skills regarding protecting and securing cannabis businesses.
- **Intelligence led policing:** The purpose of the intelligence division is to provide capacity to SAPS through the crime information analysis and management centre. South African criminal justice system needs to move away from reactive strategies and focus on developing proactive strategies that would prevent crime from occurring. Crime intelligence should assist the SAPS in terms of utilising resources and informants to acquire important information during cannabis investigations so as to effectively and efficiently incarcerate those who are in conflict with the law. Intelligent led policing would specifically deal with black cannabis market, where drug dealing, and trafficking occurs, and would work as a special task force to investigate cannabis smuggling and related commercial crimes.

- **Community policing:** The South African Police service should also focus on building good relations with communities, as the relationship between law enforcement agencies and communities is compromised. Cannabis is a very sensitive issue for some individuals and families, as some rely on it as their source of income, and due to its abundance, it would be very difficult to control and regulate. This makes it necessary for the police to establish working relationships with community members and leaders to work in collaboration in ensuring that people do not abuse cannabis.
- **Visible Policing:** Law enforcement should improve the visibility of police, especially within disorganised communities, where there is a lack of visible policing for various reasons. For example, some police officials are scared to patrol certain sections in communities, specifically those with no infrastructure, such as roads and street lights, where police vehicles are denied access, while the officers feel that it is not safe to walk within these areas. Such areas are left unprotected, which is where most criminal activities occur, being labeled as “*hot spots*”. Establishing concrete relationships with communities would afford law enforcers the ability to patrol without fear.
- **Intervention Strategies**

The Government should be able to provide rehabilitation services to people who are addicted or dependent on cannabis. Free rehabilitation facilities should be provided so that those who abuse cannabis could get help. Research has revealed that there is a strong relationship between the legalisation of cannabis and its abuse. Although all relevant sectors will work very hard to minimise cannabis abuse, the government has a duty to provide rehabilitation services to those addicted.
- **Proactive Intervention programs**

The use of cannabis under the guise of medicine has also affected youth drug use patterns. Researchers at Columbia University looked at two separate datasets and found that residents of states with ‘medical’ cannabis had cannabis abuse/dependence rates almost twice as high as those states without such. Proactive strategies should be in place to prevent young individuals from abusing cannabis. Awareness campaigns that will educate communities about medical cannabis should be developed. People need to understand that smoking

cannabis is detrimental to their health, and that there are other ways to administer medical cannabis. The awareness campaigns should target young people, cautioning them about the recreational use of cannabis and all the side effects.

- **Accessibility of Medical Cannabis**

Medical cannabis should be free to all cancer patients and all those who suffer from severe medical conditions and recommended by doctors to get related products. Those who report to have chronic pain should be recommended alternative medication before prescribing cannabis. While cancer patients should get medication for free, local clinics should not provide cannabis medicines to patients. All deserving patients would have to acquire medical cannabis at licensed dispensaries.

6.6 Conclusion

The participants contended that legalisation of medicinal cannabis is important and long overdue, given that it has been used as part of traditional healing formulations for many generations in South Africa. They agreed that while legalisation would make a contribution to the country's health sector and economy, there are some areas of concern name the areas of concern. Some participants were of the opinion that legalising cannabis for medical purposes will increase levels of crimes in Lindelani. Therefore, they emphasized that such changes must be accompanied by very strict rules and regulations.

Reference page

Atieno O, P. (2009) *an Analysis of the Strengths and Limitation of Qualitative and Quantitative Research Paradigms: problems of education in the 21st century* Volume 13. Masinde Muliro University of Science and Technology, Kenya

Bretteville-Jensen A, L. Melberg H, O. Jones A, M. (2005) *Sequential patterns of drug use initiation – can we believe in the gateway theory?* Norwegian Institute for Alcohol and Drug Research

Brink, H. Van der Walt, C & Van Rensburg, G. (2012) *Fundamentals of Research Methodology for Healthcare Professionals.*Juta& Co. Ltd, Cape Town

Budhram T and Geldenhuys N (2017) South African crime quarterly no. 61, Institute for Security Studies. University of Cape Town

Caplan G. (2013) *Medical Marijuana: A Study of Unintended Consequences* McGeorge Law Review / Vol. 43

Chigunta, F. (2002). *The Socio-Economic Situation Of Youth In Africa: Problems, prospects and options.* World, 32. Available at:

www.yesweb.org/gkr/res/bg.africa.reg.doc [Access date: 10 October 2017]

Cilliers J and Aucoin C (2016) *Economics, Governance And Instability In South Africa.* Institute for Security Studies, Paper No 293.

Cilliers. J and Aucoin. C (2016) Economics, governance and instability in South Africa

Dawson, C. 2010. *Researching society and culture.* London: SAGE Publications

Cressey, D. R. (1964) *Some Popular Criticisms of Differential Association, Delinquency, Crime and Differential Association.* USA: Springer.

Creswell, J W. (2013) *Qualitative Inquiry and Research Design: Choosing Among Five Approaches.* Third edition. Washington DC: Sage.

Deitch D. Koutsenok I & Ruiz A, (2000) *the Relationship between Crime and Drugs: What We Have Learned in Recent Decades,* Journal of Psychoactive Drugs Vol 32 (4).

Dlamini S and Mbonambi L (n.d) *Township Renewal Ink Case Study*. Development, Planning, Environment and Management Unit, INK Urban Renewal/ABM Programme, eThekweni Municipality.

Du Plessis, A. Visser, I. Smit A (2013) *Cannabis Position Paper*. South African National Cannabis Working Group to the Central Drug Authority at the Department of Social Development.

Ethekwini Municipality (2017) Inanda, Ntuzuma, KwaMashu (INK) Nodal Economic Development Profile KwaZulu Natal.

http://www.durban.gov.za/City_Government/Administration/Area_Based_Management/INK/Pages/default.aspx

Evans D, G. (2013) *The Economic Impacts of Marijuana Legalization*, the journal of global drugs policy and practise

Faull A. (2007) *Corruption and the South African Police Service: A review and its implications*, Institute for Security Studies, paper 150

Global Economic Crime Survey (2016) *Economic Crime: A South African Pandemic: No sector or region is immune*, South Africa

Gottfredson C, D. Kearlry B, W. Bushway S. D. (2008) *Substance Use, Drug Treatment, and Crime: An Examination of Intra-Individual Variation In A Drug Court Population*, the Journal of Drug Issues

Gouws J.C (2017) *Cultivation of Cannabis and Manufacture of Cannabis-Related Pharmaceutical Products for Medicinal and Research Purposes*: Medicines Control Council, South Africa

Grant C & Osanloo A (2014) *Understanding, Selecting, And Integrating A Theoretical Framework In Dissertation Research: Creating The Blueprint For Your "House"*. Administrative Issues Journal: Connecting Education, Practice and Research. United states, Vol 4, Issue 2

Grinspoon, L (2005) *History of Cannabis as a Medicine*.

Grobler H. Schenck CJ. & Du Toit D. (2003) *Person-centered Communication: Theory and Practice*. Cape Town: Oxford University Press

Ibrahim A, M (2012) *Thematic Analysis: A Critical Review of Its Process and Evaluation*. West East Journal of Social Sciences. Vol 1 No. 1

Klofas J and Letteney K (2012) *The Social And Legal Effects Of Medical Marijuana: State Legislation and Rules*. Centre for public safety initiatives. Rochester Institute of Technology

Kothari C.R. (Ed) . (2004) *Research Methodology, Methods and Techniques*. India, New Age International

Kubrin C. E Weitzer R (2003) *New Directions in Social Disorganization Theory Journal of Research in Crime and Delinquency*, United States Vol. 40 No. 4, 374-402

Kumar, G (2011) *Research paradigms and meaning making: A primer*. The Qualitative Report, 10(4), 758-7

Kumar R (Ed). (2011) *Research Methodology a step-by-step guide for beginners*. SAGE Publications London

International Narcotics Control Strategy Report, (2015) *Drug and Chemical Control*, Bureau for International Narcotics and Law Enforcement Affairs. United States Vol I (p282)

Lawson B, S and Dininio P. (2013). *The Development Response To Drug Trafficking In Africa: A Programming Guide Defining the Potential Development Assistance Contributions to Counternarcotic Efforts in Africa*. United States

Light M. Orens A. Rowberry J. Clinton W. S (2016) *The Economic Impact of Marijuana Legalization in Colorado*. Marijuana Policy Group, Colorado.

Lou Juachon (n.d) *Theories of Learning: Social Cognitive*

Newham G. (2002) *Tackling Police Corruption in South Africa*, Research report written for the Centre for the Study of Violence and Reconciliation

Newham, G. Lancaster L. Burger J and Gould C. (2015) *Property crime: Overview of the official statistics: 2014/15* Institute for Security Studies, South Africa

Maree K, Van der Westhuizen C (2007)- *First steps in research*. Pretoria: Van Schaik.

- Melberg H, O. Bretteville -Jensen A, L. And. Jones A, M. (2007) *Is cannabis a gateway to hard drugs?* University of York
- Mkabela, Q. N. & Castiano, J. P. (2010). *Indigenous Knowledge And Poverty Eradication: foreword*. 9. Available:
http://reference.sabinet.co.za/webx/access/electronic_journals/linga/linga_v9_n1_a1.pdf. [Access date: 10 October 2017]
- Mohapi, B.J (2010) Only study guide for SCK4804D.Pretoria: University of South Africa.
- Mujuru M and Sekhejane P (2014) *Legalising Cannabis for Cancer: Benefits of Indigenous Cannabis Therapeutics*. Africa Institute of South Africa, policy brief number 110
- Newham G. (2002) *Tackling Police Corruption in South Africa*, Research report written for the Centre for the Study of Violence and Reconciliation
- Neuman, W. L. (2011) *Social research methods: Qualitative and quantitative approaches* (7th Ed.). USA, Pearson International
- Onya H, Tessera A, Myers B and Flisher A. (2012). *Adolescent alcohol use in rural South African high schools*. African J Psychiatry 2012; 15:352-357
- Parry H, Myers B J (2014) *Legalising medical use of cannabis in South Africa: Is the empirical evidence sufficient to support policy shifts in this direction?* Cape Town, South Africa Vol. 104, No. 6 (p400)
- Perkel, C (2005) *Cannabis- the debate continues: a South African perspective*. Psychiatrist in Private Practice, Johannesburg, South Africa
- South African Central Drug Authority (CDA): (2004) Position Paper on Cannabis
- Van Heerden A. (2014) *Drug Trafficking: The Use of South African Drug Mules in Cross border Smuggling*. University of South Africa.
- Rajasekar S. Philominathan P. Chinnathambi V. (2013) *Research Methodology*. India

Republic of South Africa (2005) *Traditional Health Practitioners Act No. 35 of 2004*. Government Gazette (Vol. 476 No, 27275). Cape Town

Resnik, D. B. (2011) *what is Ethics in Research & Why is it Important?* National Institute of Environmental Health Science. Publication USA

Rocky Mountain High Intensity Drug Trafficking Area (2014) *The Legalization of Marijuana in Colorado: The Impact*. Investigative Support Center Denver, Colorado Vol. 2

Ryan T. (1997) *Drugs, Violence and Governability In The Future South Africa*, Contract Researcher, Crime and Policing Policy Project, Institute for Security Studies Occasional Paper No 22

SAMA Knowledge Management & Research Department (2015) *Literature Review on Medical Cannabis*. The South African Medical Association

Shaw M. (1998) *Organised Crime In Post-Apartheid South Africa, Safety and Governance Programme*, Institute for Security Studies, Occasional Paper No 28

Shaw M. (1996) *Reforming South Africa's Criminal Justice System*, Project Leader and Senior Researcher, Crime and Policing Policy Project, Institute for Defence Policy Occasional Paper No 8. South Africa

Scheoman, M S. 2015. *Qualitative research in criminology: Only study guide for CMY3708*: Pretoria: University of South Africa

Siegel, L.J. 2011. *Criminology: the core*. 4th edition. Belmont, CA: Wadsworth

Statistics South Africa (2015) *South Africa labour market: Youth Q1: 2008–Q1: 2015*

Stuart Henry (2017) *Criminological Theory: An Analysis of its Underlying Assumptions*. Institute of Public and Urban Research, School of Public Affairs San Diego, California

Swartboi, T. (2013). *Transactional analysis: Conceptualizing a framework for illuminating human experiences*. International Journal of Qualitative Methods. Vol 10 No.3, 282-295.

Terre Blanche, M. & Durrheim, K. (1999). *Research in practice: Applied methods for the social sciences*. Cape Town: University of Cape Town Press.

Torre L.V (2008) *Drug Trafficking and Police Corruption: A Comparison of Colombia and Mexico*. Masters Dissertations, Naval Postgraduate School Monterey, California

The National Committee for Research Ethics in the Social Sciences and the Humanities (2006) *Guidelines for Research Ethics in the Social Sciences, Law and the Humanities*. Norway

<http://www.etikkom.no/English/NESH/guidelines>

United Nations Office on Drugs and Crime (ODC) (2002) *Country Profile on Drugs and Crime*. South Africa

Annexure1:



UNIVERSITY OF
KWAZULU-NATAL
INYUVESI
YAKWAZULU-NATALI

19 May 2017

Mr Mbongeni Eugen Ngcobo (212514974)
School of Applied Human Sciences – Criminology
Howard College Campus

Dear Mr Ngcobo,

Protocol reference number: HSS/0288/017M
Project title: Perceptions of Lindelani community on legalising cannabis for medical purposes in South Africa

Approval Notification – Expedited Application

In response to your application received on 30 March 2017, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully


.....
Dr Shamilla Naidoo (Deputy Chair)

/ms

Cc Supervisor: Dr Gerelene Jagganath
Cc Academic Leader Research: Dr Jean Steyn
Cc School Administrator: Ms Ayanda Ntuli

Humanities & Social Sciences Research Ethics Committee
Dr Shenuka Singh (Chair)
Westville Campus, Govan Mbeki Building
Postal Address: Private Bag X54001, Durban 4000
Telephone: +27 (0) 31 200 3587/9350/4557 Facsimile: +27 (0) 31 200 4606 Email: singhas@ukzn.ac.za / steyn@ukzn.ac.za / msntuli@ukzn.ac.za
Website: www.ukzn.ac.za

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Annexure 2: Gate keeper's letter



Councillor

Mezzanine Floor Shell House
Cnr. Anton Looibede & Samora Mitchell Street, Durban, 4001
P.O. Box 1014, Durban, 4000
Tel: 031 322 7030, Fax 031 311 3827
www.durban.gov.za

Our Ref: Cllr. N.C. Biyela
Your Ref: 084 032 6689
Enquires: 02, 03, 2017

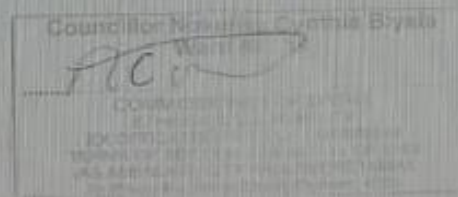
To Whom It May Concern

I Cllr N.C Biyela of Ward 38 at eLindelani This letter
Serve to confirm that MR Ngcobo Mbongeni Eugene, ID no:
93 07 31 5751 081 who is residing in my ward,
come to my office for a permission of of doing the
Research about the use of doggg as a medicinal
use, he will be doing door to door research, he is
a student at University of KwaZulu-Natal (Howard
College) his student number is 2125 44 914

Your co-operation will be highly appreciated

Yours Faithfully

N.C Biyela





Councillor

Mezzanine Floor Shell House
Cnr Anton Lembede & Samara Michell Street, Durban, 4001
P O Box 1014, Durban, 4000
Tel: 031 322 7030, Fax: 031 311 3827
www.durban.gov.za

Cllr N.C. Biyela
084 032 6689

Our Ref:

Your Ref:

Expires:

02 / 03 / 2017

TO WHOM IT MAY CONCERN

This letter serves to confirm that NGCOBO MBONGENI EUGENE
ID No./D.O.B. 930731 5751 581 is known as a
resident member of C314 Carlifonia Road Ntuzuma 4369

I appeal to you that she/he be given the following assistance:-

- > Birth Certificate
- > Identity Document
- > Child Support Grant
- > Foster Care Grant
- > Disability Grant
- > Old Age Pension
- > Maintenance
- > Road Accident Fund
- > Bank account update/opening
- > Confirmation of Address
- > Other

Your co-operation will be highly appreciated.

Yours faithfully

Councillor N.C. Biyela
(Ward -38)
EThekwin Municipality

Councillor N.C. Biyela
Ward No. 38

ETHEKWINI MUNICIPALITY
(AS A MEMBER OF THE DURBAN METROPOLITAN MUNICIPALITY)
Cnr Anton Lembede & Samara Michell Street, Durban, 4001



Councillor

Mezzanine Floor Shell House
Cnr. Anton Lembede & Samora Mcheli Street, Durban, 4001
P.O. Box 1014, Durban, 4000
Tel: 031 322 7030, Fax: 031 311 2827
www.durban.gov.za

Cllr N.C. Biyela
084 032 6689

02/03/2017

TO WHOM IT MAY CONCERN

This letter serves to confirm that Ngcobo Mboneni Eugene
ID No./D.O.B. 93 07 31 5751 081 is known as a
resident member of C314 Carlfronia Rd Mtuzuma 4359

I appeal to you that she/he ^{is} given the following assistance:-

- Birth Certificate
- Identity Document
- Child Support Grant
- Foster Care Grant
- Disability Grant
- Old Age Pension
- Maintenance
- Road Accident Fund
- Bank account update/opening
- Confirmation of Address
- Other Researching
- Permission

Your co-operation will be highly appreciated.

Yours faithfully

Councillor N C Biyela
(Ward-38)
EThekwini Municipality

Councillor Nokutha Cynthia Biyela
Ward No. 38

COMMISSIONER OF RATHS
ETHEKWINI MUNICIPALITY
EK OFFICE DISTRICT OF DURBAN IN
TERMS OF SECTION 8 OF ACT 16 OF 1983
(AS AMENDED) CITY HALL SECRETARIAT
Dr Pulez Ka Bona Street, Durban, 4001

Annexure 3: informed consent



Informed consent

Dear Madam/Sir

TOPIC: *Perceptions of Lindelani community on legalising cannabis for medical purposes in South Africa*

Thank you for considering participation in the above named study. This interview is part of my research project which I am conducting as masters' student in the School of Applied Human Sciences (Criminology) at the University of KwaZulu Natal. My intention is to examine the effect of legalizing medical cannabis in South Africa.

- You would be required to participate in a personal interview which is expected to take about an hour.
- Information from this will be stored on my personal computer for verification purposes and then destroyed within five years upon completion of my study.
- Your participation in this study would be strictly confidential.
- Please note that your participation is voluntary. You would have the right to withdraw from the study at any stage you want.
- There will be no rewards for participation, nor would there be any negative consequences should you decide to withdraw.
- Should you request for it an electronic copy of the final thesis will be sent to you on completion.
- Your participation is only for academic purposes, collected data will only be used for purposes of this research and information given cannot be used against you
- If you are willing to be interviewed, please indicate (by ticking as applicable) whether or not you give consent for the interview to be recorded by the following equipment:

	willing	Not willing
Audio equipment		

For any queries before, during and after the conduct of this interview you could contact me at

Email: 212514974@stu.ukzn.ac.za

Cell: 0810757329.

or my research supervisor:

Dr Jagganath 083 645 5998

Pattundeeng@ukzn.ac.za

Department: School of Social Sciences

College of Humanities

Howard College

You may also contact the Research Office:

Prem Mohun (Mr)

University of KwaZulu-Natal

Research Office: Ethics

Westville Campus

Telephone: 031 260 4557

e-mail mohunp@ukzn.ac.za

Thank you for your contribution

Sincerely

Mbongeni Ngcobo

Consent form

I, _____ agree to participate in the study *Probing perceptions on the Legalizing Medical Cannabis (Marijuana/Dagga) In the township/community of Lindelani* conducted by Mbongeni Ngcobo, Master’s student in the School of Applied Human Sciences (Criminology) at the University of KwaZulu Natal. I understand the purpose of the study.

I understand that I will be required to participate in a personal interview lasting about one hour. Interviews will be audio taped and transcribed. The transcripts will be stored on his personal computer. Then will be destroyed within five years upon completion of the study. I also understand that I am welcome to let Mbongeni Ngcobo know immediately should I feel upset during or after the interview to request support.

My signature below indicates my willingness and permission to participate.

Signed at _____ (Place) **on** _____ (Date)

_____ (Signature)

_____ (Print name)

Annexure 4: informed consent (IsiZulu version)



Imvume unolwazi

Nkosikazi Othandekayo / Mnumzane

Isihloko : Imibono yo mphakathi wase eLindelani ngokwenziwa kwensangu ibesemthethweni ngezinhloso zokwelapha eNingizimu Afrika

Ngiyabonga ngokucabanga ukubamba iqhaza ocwaningweni olubhaliwe ngenhla. Le ngxoxo yokuhlololwa kuyingxenye yocwaningo lwami engilwenzayo njengoba ngiwumfundi eSikoleni sakwa *Applied Human Sciences* (Criminology) e-Unyvesi yaKwaZulu-Natal. inhloso yami ukuhlola umphumela wokwenza insangu yezokwelapha ibesemthethweni eNingizimu Afrika.

- Uzodingeka ukuba ubambe iqhaza kwinkhulumoluhlolo okuyinto okulindeleke ukuba ithathe ihora elilodwa.
- Ulwazi olusuka lapha luzogcinwa kukhompyutha yami ngezinhloso zokuqinisekisa emuva kwalokho izobe isibhubhiswa ingakapheli iminyaka emihlanu emuva kokuqeda izifundo zami.
- Ukubamba kwakho iqhaza kulolu cwaningo kuyimfihlo.
- Sicela ukukwazisa ukuthi ukubamba iqhaza ngokuzithandela. Uzoba nelungelo lokuhoxa kulolu cwaningo nomakusiphi isigaba uma ufuna.
- Ngeke kube khona imivuzo noma imikomelo ngokubamba kwakho iqhaza, futhi ngeke kube khona noma yimuphi imiphumela engemihle uma unquma ukuhoxisa.
- Uma ucela ikhophi ingathunyelwa kuwe ngobuchwepheshe uma sengiqedile.

- Ukubamba kwakho iqhaza kuyinhloso zezemfundo kuphela, imininigwane eqoqwe izosetshenziselwa ngenhloso yalolu ucwaningo nolwazi olusinikeziwe ngeke isetshenziselwe kuwe
- Uma uzimisele ukuba ubuzwe, sicela ukhombise (ngophawu lapho kufanele khona) ukuba uyafisa yini futhi uzimisele ukuvumela inkulumohlolo ukuba iqoshwe ngalokuhlelekile imishini elalelayo

	Ngiyavuma	Angithandi
Umshini wokuqopha umsindo		

Uma uneimibuzo ngaphambi, ngesikhathi noma ngemva kwale nkulumohlolo ungaxhumana

0810757329.

212514974@stu.ukzn.ac.za

Nma nomqondisi wami wocwaningo,

uDokotela Jagganath

Pattundeeng@ukzn.ac.za

Department: School of Social Sciences

College of Humanities

Howard College

Kungenjalo ungaxhumana ne hhovisi lezocwaningo:

Prem Mohun (Mr)

University of KwaZulu-Natal

Research Office: Ethics

Westville Campus

Telephone: 031 260 4557

e-mail mohunp@ukzn.ac.za

Ifomu lemvume

Mina, _____ ngiyavuma ukubamba iqhaza ocwaningweni ***Imibono yo mphakathi wase eLindelani ngokwenziwa kwensangu ibesemthethweni ngezinhloso zokwelapha eNingizimu Afrika*** olwenziwa uMbongeni Ngcobo umfundi eSikoleni sakwa *Applied Human Sciences* (Criminology) e-Unyuvesi yaKwaZulu Natali. Ngiyayiqonda Ihloso yocwaningo.

Ngiyaqonda ukuthi kuzodingeka ukuba ngibambe iqhaza kwinkulumohlolo ezothatha isikhathi esingaba ihora elilodwa. inkulumohlolo izoba umsindo oqoshiwe futhi izobhalwa. I imibhalo izogcinwa kukhompuyutha yakhe. Izobe isibhujiswa ingakapheli iminyaka emihlanu ngemuva kokuqeda ucwaningo. Ngiyaqonda futhi ukuthi: ngamukelekile ukwazisa uMbongeni Ngcobo ngokushesha uma ngizizwa ngingaphathekile kahle ngeskhathi noma ngemuva kwe nkulumohlolo

Isiginesha yami engezansi ibonisa ukuzimisela kwami futhi imvume yokubamba iqhaza.

Kusayinwe e _____ (Indawo) ku _____ (Usuku)

_____ (Isignesha)

_____ (igama Phrinta)

Annexure 5: interview schedule



Perceptions of Lindelani community on legalising cannabis for medical purposes in South Africa

Section A. Demographic details

Age:

Gender:

Occupation:

Section B. Perceptions on the legalisation of medical cannabis

7. What do you understand about cannabis?
8. Do you know how cannabis is used?
9. Do you know of anyone who uses cannabis, and how do they use it?
10. What do you think medical cannabis is?
11. How do you feel about legalizing cannabis for medicinal use in South Africa?

Can you tell me your thoughts and feelings on the use of cannabis for medical purposes?

12. What impact do you think the legalization of medical cannabis would have in small communities?
13. What impact do you think legalizing medical cannabis will have in South Africa?
14. Do you think legalizing medical cannabis will have an influence on crime?
15. What are your perceptions on the use of cannabis for medicinal purposes by persons under 18?
16. To the best of your knowledge, describe how cannabis use affects the brain

17. As a substance, do you consider cannabis use to be equivalent to smoking tobacco?
18. As a substance, do you consider cannabis use to be equivalent to alcohol consumption?
19. What are your perceptions on full legalization of cannabis?